

Kotak Smart Life Plan
A Limited Pay Non-Linked Participating Life Insurance Plan
PART A

Arunangshu Podder
Flat -f3 2nd Floor
181 Santoshpur Avenue
Kolkata
West Bengal

Date: 14/09/2020

Beside Hdfc Bank
Pin- 700075 India

Tel. No.: 09632255379

Mob. No.: 09632255379

Policy No.: 74398169

Email: arunangshu.podder@gmail.com



BD K01E X9 74398169

Dear **Arunangshu Podder**

We welcome you to Kotak Life Insurance family.

We view Insurance as being much more than a cover; it is about savings and protection; about being carefree, about living life to the fullest. It is indeed heartening to know that you share our sentiments.

Please be rest assured, the faith and confidence that you have placed in us would certainly be a rewarding and wholesome experience.

Your Policy details:

Name of Plan	Policy No	Client Id
Kotak Smart Life Plan(UIN-107N102V02)	74398169	69509451
KLI Servicing Branch Address:	Kolkata-Branch1 Kanak Building , 1st floor, 41 Chowringhee Road, Kolkata 700071	
Name of the Agent	ARUNAVA PODDER	
Agent Code	60856744	
Agent Tel No.		
Agent Mob No.	9831056946	
Address of the agent	FLAT- F3 2ND FLOOR 181 SANTOSH PUR AVENUE Kolkata West Bengal FLAT- F3 2ND FLOOR	
Pin	700075	
Email	arunava.podder@gmail.com	

Your enclosed Policy document is an important legal document and should be kept in a safe place. This Policy is subject to tax laws prevailing in India. You are kindly advised to consult your Tax Advisor for the tax benefits available under this Policy.

Free Look Period:

In case you are not agreeable to any of the provisions stated in the Policy, then you have the option of returning the Policy to us stating the reasons thereof within 15 days (30 days for Distance Marketing*) from the date of the receipt of the Policy. The cancellation request should be submitted to your nearest Kotak Life Insurance Branch or sent directly to our Head Office. On receipt of your letter along with the original Policy document we shall arrange to refund the Premium paid by you after deducting the proportionate risk Premium, medical charges and stamp duty. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy. If the Policy has been opted through Insurance Repository (IR), the consideration of the free look period of 15 / 30 days (as per the applicable channel as mentioned above) shall be from the date of email sent by the IR.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, and interactive television (DTH) and (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

Contact us:

If you notice any discrepancy with respect to your name, personal details or other information relating to the Policy, please return the Policy documents to us immediately along with a letter stating the discrepancies. In case of claim or any service request, please contact your Life Advisor or the nearest Kotak Life Insurance Branch. You may also write to us at clientservicedesk@kotak.com or call our Customer Service Officers at 1800 209 8800. Please quote your Policy number and client id number in all your correspondence with us.

We hope this Policy meets your expectations and this is the beginning of a long relationship with you. It will be our pleasure to serve you, protect you and be with you; assuring you of our best services at all times.


Best wishes,



Authorized Signatory

Kotak Mahindra Life Insurance Company Ltd

CIN: U66030MH2000PLC128503, Regd. Office: 2nd Floor, Plot #C-12, G- Block, BKC, Bandra (E), Mumbai- 400051, Website: <http://insurance.kotak.com>, Email: clientservicedesk@kotak.com, Toll Free No.: 18002098800

TAX INVOICE										(ORIGINAL FOR RECIPIENT)			
First Premium Certificate													
Kotak Mahindra Life Insurance Company Ltd													
Kolkata-Branch1 Kanak Building , 1st floor, 41 Chowringhee Road, Kolkata 700071													
Branch		GSTIN			State Code				TIN No.				
Kolkata-Branch1		19AAACO3983B1ZH			WB				19				
Serial Number: 7439816914092020													
Date: 14/09/2020													
Name & Address of the Policyholder: Arunangshu Podder													
Flat -f3 2nd Floor 181 Santoshpur Avenue Kolkata West Bengal Beside Hdfc Bank Pin No.: 700075													
State Code: WB				GSTIN:				TIN No.:					
Place of Supply (to be filled only In case of Inter State services): NA								Place of Supply-State: NA					
Proposal No: 74398169								Policy No: 74398169					
Basic Product: Kotak Smart Life Plan (UIN-107N102V02)													
Date of Commencement of Policy: 14/09/2020													
Installment Premium [excluding Goods and Services Tax and Cess]: Rs. 100,873.00										Payment Mode: Annual			
Total Installment Premium: Rs. 105,531.00										Policy Term: 46 years			
Next Premium Due: 14/09/2021										Premium Payment Term: 10 Years			
Description of Goods/Services	HSN/SAC Code	Total	Discount	Taxable Value	CGST		SGST		IGST		Cess		
					Rate	Amt	Rate	Amt	Rate	Amt	Rate	Amt	
Kotak Smart Life Plan(UIN-107N102V02)	997132	99,988	0	24,997	9	2,250	9	2,250	0	0	0	0.00	
Permanent Dis. Benefit (Rider)(UIN-107B002V03)	997132	525	0	525	9	47	9	47	0	0	0	0.00	
Accidental Dis. GuarBen(On LI)(UIN-107B011V02)	997132	360	0	360	9	32	9	32	0	0	0	0.00	
Total		100,873		25,882		2,329		2,329		0		0	
Total Invoice Value (In figure):				105,531.00									
Total Invoice Value (in words):				One Lakh Five Thousand Five Hundred and Thirty One Only									
Amount of tax subject to reverse charge:				NIL									
Tax benefits on the Premium(s) paid and the benefits received are subject to fulfillment of conditions as specified under the prevailing tax laws and are subject to modifications made there to from time to time.													
* Goods and Services Tax and Cess is levied at the applicable tax rates in accordance with the prevailing Tax Laws, from time to time.													
 Authorized Signatory													

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I. AGREEMENT:

Kotak Mahindra Life Insurance Company Limited, is registered with the Insurance Regulatory & Development Authority of India (hereinafter referred to as “**IRDAI**”) under the Insurance Act, 1938 (4 of 1938) (hereinafter referred to as the “**Act**”) as a life Insurer having Registration No. 107, and accordingly is engaged in the business of life insurance, which includes its assigns and successors (hereinafter called “the **Company**”). The Company has received a Proposal and Declaration together with first Premium/Single Premium, as the case may be, for insurance from the Policyholder named in the Schedule hereto, and it has been agreed to by the Policyholder that the proposal, declaration and statements contained and referred to therein are declared to be the basis of this contract of insurance for the benefits and on the terms stated in the Schedule.

The Company agrees that, subject to realization of the first Premium/Single Premium as the case may be, received and due receipt of the subsequent Premiums, if any, as set out in the Schedule, and subject to the terms and conditions set forth in this Policy Contract, it will pay the benefits as mentioned in the Schedule, to the Policyholder/Nominee/Legal Heir/Assignee as mentioned in the Schedule, on proof to the complete satisfaction of the Company

- of the benefits having become payable as set out in the said Schedule,
- of the title of the said person(s) claiming payment,
- of the correctness of the Age of the Policyholder/Life Insured stated in the proposal form and the proof of Age submitted to the Company,
- of the correctness of all the statements stated in the proposal form and during the telephonic interview of the Policyholder/Life Insured and any documents submitted to the Company, viz., health, family medical history, occupation, income, personal medical history, existing insurance details etc.

It is hereby declared that this policy contract of insurance shall be subject to the conditions and privileges as hereinafter stated and that the following Schedule and every endorsement incorporated in this policy by the Company shall be deemed to be part of the policy.

In this policy, unless the context specifies otherwise, references to the Recitals, Clauses, Schedules and Annexures, if any, shall be deemed to be a reference to the Recitals, Clauses, Schedules and Annexures of this policy.

Words and expressions used in this policy but not defined herein shall, unless the context specifies otherwise, have the same meaning as defined in the Insurance Act, 1938 and/or any Rules/Regulations made there under.

This Policy is subject to the Tax Laws* and other legislations prevailing in India. In the event of any amendments, or change (prospective and retrospective) to any of the provisions of the said tax laws and/or legislations and /or in the event any interpretation adopted by the Company is held contrary to the position adopted by the government authorities, impacting cash flows, charges, revenue and remuneration accruing from this contract, the Company reserves the right to revise the Premium(s), charges or the benefit(s) under this policy and/or modify the terms and conditions entailed in this Contract. Any change, modification, or reversal of the Premium, charges or the benefit by the Company shall not be disputed or contested by the Policyholders. References to any enactment are to be construed as referring to any amendment, re-enactment (whether before or after the date of signing of the policy) or enactment that has replaced the first mentioned enactment (with or without amendment) and to any regulation or order made under it.

Tax Deducted at Source:

This policy is subject to Tax deducted at source at the applicable rates, in accordance with the prevailing Tax laws.

Exemptions/ Concessions:

Where the Company is entitled to an exemption or concession concerning any Tax to be levied in India in respect of the Policy, the Policyholder shall use reasonable endeavors to enable the Company to claim such concession or exemption.

Collection of Taxes:


The Policyholder/ Customer/ Claimant shall be liable for any tax amount which is payable under the applicable Tax Laws to any competent governmental authority in India on the premium, charges or any benefits/ claims payable to such Policyholder/ customer/ Claimant by the Company.

In the event that any term, condition or provision of this policy is held to be in violation of any applicable Law, Statute or Regulation or if for any reason a court of competent jurisdiction finds any provision of the policy or portion thereof, to be unenforceable, that provision shall be enforced to the maximum extent permissible so as to give effect to the intent of the policy, and the remainder of this policy shall continue in full force and effect. The Policyholder/Assignee/Legal Heir/Nominee shall be liable for any amount which is payable under the applicable tax laws to any competent governmental authority in India on the Premium amount or any benefit payable to such Policyholder /Assignee/Legal Heir/ Nominee by the Company.

Any dispute under this Policy shall be subject to the laws prevailing in India.

*"Tax Laws" means all laws, regulations, legislations including any amendments made in relation to taxes, levies, imposts, cesses, duties and other forms of taxation, including (but without limitation) Goods and Services Tax, cess and any other tax which are applicable or may be applicable on any future date, corresponding to the Premium(s), charges or benefits under this Policy and includes any interest, surcharge, penalty or fine in connection therewith which may be payable.

The stamp duty of Rs. 188/- (Rupees One Hundred and Eighty Eight Only) is affixed to this instrument out of the consolidated stamp duty deposited with the additional controller of stamps, Mumbai, vide Letter of Authority no. CSD/101/2020/1753 Dated 02-09-2020


Proper Officer
(Signature)

II. SCHEDULE

a) Policy Details:

Policy No.:	74398169
Plan Name:	Kotak Smart Life Plan
Unique Identification Number (UIN):	107N102V02
Plan Description:	A Limited Pay Non-Linked Participating Life Insurance Plan
Participating:	Yes
Name of the Policyholder in full:	Arunangshu Podder
Date of Birth of the Policyholder:	24/06/1991
Gender of the Policyholder:	Male
Policyholder's Age at Commencement:	29 years
Whether Age of the Policyholder at Commencement Admitted:	Yes
Client ID of Policyholder:	69509451
Name of the Life Insured in full:	Arunangshu Podder
Address of the Life Insured:	Flat -f3 2nd Floor 181 Santoshpur Avenue Kolkata West Bengal Beside Hdfc Bank 700075
Date of Birth of the Life Insured:	24/06/1991
Gender of the Life Insured:	Male
Life Insured's Age at Commencement:	29 years
Whether Age of the Life Insured at Commencement Admitted:	Yes
Client ID of Life Insured:	69509451
Date of Commencement of Policy:	14/09/2020
Date of Commencement of Risk:	14/09/2020
Date of Issuance / Inception of Policy:	14/09/2020
Basic Sum Assured:	Rs. 940,000.00
Bonus Option:	Cash Payouts
Date of Maturity:	14/09/2066

Policy Term:	46 years
Amount of Installment Premium (Incl. of Goods and Services Tax and cess as mentioned in the First Premium Certificate)	Rs. 105,531.00
Premium Payment Term:	10 Years
Premium Payment Mode:	Annual
Due Date for payment of Premium:	14/09/2021
Date of Last Installment Premium:	14/09/2029

b) Rider Details:

Rider Details:	
Name of Rider:	Permanent Dis. Benefit (Rider)(UIN-107B002V03)
Rider Premium (Incl. of Goods and Services Tax and cess as mentioned in the First Premium Certificate):	Rs. 619.00
Rider Sum Assured:	Rs. 500,000.00
Rider Term:	40 years
Rider Premium Payment Term:	10 years

Rider Details:	
Name of Rider:	Accidental Dis. GuarBen(On LI)(UIN-107B011V02)
Rider Premium (Incl. of Goods and Services Tax and cess as mentioned in the First Premium Certificate):	Rs. 424.00
Rider Sum Assured:	Rs. 99,988.00
Rider Term:	10 years
Rider Premium Payment Term:	10 years

Please note if any riders are attached they will form part of the Policy Document by way of an endorsement or annexure.

c) Nominee Details:

Name of the Nominee(s)	Age of Nominee(s)	Name of the Appointee where Nominee is minor	Entitlement (%)	Relationship with the Life Insured
Mithu Podder	54	NA	100.00	Mother

Please Note: To enjoy the full benefits under this Policy, please ensure that all Premiums are paid up to date.

PART B

DEFINITIONS

- i. **Act:**
Means Insurance Act, 1938, as amended from time-to-time.
- ii. **Age:**
Means the age of the Life Insured on the last birthday (as per the English calendar)
- iii. **Annualised Premium:**
Means the Premium payable by the Policyholder in one Policy year excluding the underwriting extra Premiums and loadings for modal premium.
The Annualised Premium shall also exclude, Goods and Service Tax, Cess and Rider Premium, if any.
- iv. **Basic Sum Assured:**
It is the guaranteed maturity benefit payable on death or maturity of the policy. The amount of basic sum assured under this policy is mentioned in Schedule as Basic Sum Assured.
- v. **Board:**
Means the Board of Directors of the Company.
- vi. **Bonus:**
 - a. **Cash Bonus:**
At the end of each financial year, Company may declare a cash bonus rate. The Cash Bonus payable under a policy will be calculated as Cash Bonus Rate multiplied by Basic Sum Assured under the Policy. The Cash Bonus is not guaranteed. The Cash Bonus will be applicable provided all due premiums have been paid in full.

In case, Cash Payout option is chosen under Bonus Option, the Cash Bonus, if any, is payable at each policy anniversary till the end of the Policy Term, death or surrender, whichever is earlier.

In case Paid-Up Additions option is chosen under Bonus Option, Cash Bonus declared will be utilized to purchase Paid-Up Additions. Further, these Paid-Up Additions shall also be participating in nature.

At the end of each financial year, the Company may also declare a Cash Bonus Rate which will be applied on the accrued Paid-Up Additions.

The Cash Bonus rate on Paid-Up Additions and Cash Bonus rate on Basic Sum Assured may be different. Therefore, Cash Bonus, if attached to Basic Sum Assured shall be a percentage of Basic Sum Assured; and if attached to Paid-Up Additions (if available), shall be a percentage of Paid-Up Additions.

Once the policy has been made Reduced Paid-Up, Cash Bonuses are not declared in subsequent years for that policy unless the policy is revived. Please refer below to Paid-up Addition section in this PART for more information.

b. Interim Bonus:

In the event of a claim, part-way through a financial year or before declaration of the Cash Bonus for the Financial Year in which such a claim is intimated, an interim bonus (if applicable) may be payable at such rate as may be decided by the Company. This interim bonus rate will be expressed as a percentage of Basic Sum Assured and accrued Paid-Up Additions (if available), as the case may be.

Interim bonus rate may be declared at the end of each financial year and shall be applicable for the in-force policies exiting between two policy anniversaries due to death claim or surrender. The Interim Bonus will be proportionately calculated for the period starting from previous policy anniversary till the date of death claim or surrender.

c. Terminal Bonus:

The Company may decide to pay Terminal Bonus which will be declared at the end of a Financial Year for policies maturing in next Financial Year. The Terminal Bonus shall be a percentage of the Basic Sum Assured and accrued Paid-Up Additions (if available), as the case may be.

Terminal Bonus may also be declared for policies exiting due to death or surrender and will be payable for in force policies where exit of Life Insured due to death or surrender occurs after expiry of PPT or 10 policy years whichever is earlier.

vii. Claimant:

Means the Policyholder; or the Life Insured; or the Assignee; or the nominee; or the legal heir of the Policyholder or the nominee, as the case may be.

viii. Date of Commencement of Policy:

The date mentioned in the Schedule as Date of Commencement of Policy

ix. Date of Commencement of Risk:

The date mentioned in the Schedule as Date of Commencement of Risk.

x. Grace Period:

Means the time granted by the Company i.e. 30 days from the due date for the payment of Premium for annual, half-yearly and quarterly mode and 15 days for monthly mode, without levy of any interest or penalty during which time the Policy is considered to be in-force with the risk cover without any interruption as per the terms of the Policy. Grace Period is not applicable for Single Premium payment option, if any, under the Policy.

xi. Lapse:

Means suspension of the benefits under the Policy upon non-payment of the due Premiums within the Grace Period. Such suspension shall be effective from the date of the first unpaid Premium.

xii. Minimum Age & Maximum Age:

Minimum Age of the Life Insured at entry is 3 years.

Maximum Age of the Life Insured at entry shall be based on the Premium Payment Term as follows:

Premium Payment Term	Maximum Entry Age
6 years	50 years
8 years	55 years
10 years	55 years
12 years	54 years
15 years	50 years

Maturity Age of the Life Insured is fixed at the age of 75 years.

xiii. Paid-Up Addition:

Paid-Up Addition is additional guaranteed benefit payable on death of the Life Insured or upon maturity of the Policy as per the terms and conditions of the Policy. If the Policyholder has opted for Paid-Up Additions option, then Paid-Up Additions will be available. Cash Bonus, if any, are utilized to buy Paid-Up Additions at the end of each policy year. Paid-Up Additions shall also be participating in nature.

Formula for calculating Paid-Up Addition is:

[Paid-Up Addition Factor X Cash Bonus]

In respect of Reduced-Paid-up policies, Paid-Up Additions will not accrue after the policy is converted into Reduced Paid-up.

From the second Policy Year, Paid-up Additions can also be encashed during the term of the Policy using the Cash Value Factors provided in Section 2 (v) of Part D. The remaining Paid-up Additions will continue to participate in future profits. Encashment is allowed up to a maximum of 6 times in a policy year subject to a minimum amount of cash value being Rs.10,000.

xiv. Policy:

Means the contract of insurance entered into between the Policyholder and the Insurer as evidenced by Policy Document.

xv. Policy Document:

Means the present contract of insurance which has been issued on the basis of the proposal, other representations and documents submitted by the Policyholder and/or the Life Insured(s).

xvi. Policy Term:

Means the period mentioned in the Schedule, it is the period during which the Life Insured is covered, subject to the Policy being in force as per terms and conditions of policy.

xvii. Policy Year:

Means the period from the last Policy anniversary date (or the date of commencement of Policy) up to the next Policy anniversary date.

xviii. Premium:

Means the Single Premium (for Single Premium payment option) or the total initial Premium and subsequent Premiums due (in case of other than Single Premium payment option) and payable under the Policy. The Premium shall be subject to taxes as may be applicable from time to time.

xix. Premium Payment Term (PPT):

This is the period during which the Policyholder shall pay the Premium to get the full benefits as mentioned in the Schedule of the Policy. If the Premium Payment Term is less than the Policy Term, it shall mean Limited Premium payment Policy.

xx. Revival:

Means reinstatement of the lapsed or Reduced Paid-Up Policy in accordance with the provisions of the Policy Document. Revival may be of the following two types and the same may be made before the date of maturity of the Policy but, within the timelines indicated below:

- a. 'Minor Revival': means revival made within six months from the due date of the first unpaid Premium causing the Policy to Lapse or Reduced Paid-Up; and
- b. Major Revival': means revival made after six months but within five years from the due date of the first unpaid Premium causing the Policy to Lapse or Reduced Paid-Up.

xxi. Sum Assured on Death:

If all the due premiums have been paid, the Sum Assured on death during the Policy Term will be as follows:

Higher of (a), (b) or (c);

(a) 11 times Annualised Premium (including extra premium, if any)

(b) Basic Sum Assured

(c) 105% of all Premiums (including extra premium, if any) paid till the date of death (excluding Goods and Services Tax and cess, as applicable and rider premium, if any).

xxii. Surrender:

Means the termination of the Policy by the Policyholder before the Date of Maturity, in accordance with the provisions of the Policy Document.

PART C

A. BENEFITS PAYABLE

1. Death Benefit:

i. On death of the Life Insured at any time during the Policy Term, provided all the due Premium(s) have been paid up to date, the following benefit will be available:

a) Death benefit under Cash Bonus Payout option shall be:

- Sum Assured on Death PLUS
- Interim Bonus (if any) PLUS
- Terminal Bonus (if any)

b) Death benefit under Paid-Up Additions option shall be:

- Sum Assured on Death PLUS
- Accrued Paid-Up Additions (if available) PLUS
- Interim Bonus (if any) PLUS
- Terminal Bonus (if any)

ii. For minor Life Insured, the risk commences immediately on the date of commencement of the policy. In case of death of minor Life Insured the benefits under the Policy shall be payable to the Policyholder.

iii. If the death occurs during Grace Period, the due unpaid Premium (if any) till the date of death will be deducted from the aforesaid Death Benefit.

iv. In case if the Premium payment mode is not annual, the balance of the Premium for that Policy year along with the due unpaid Premium (if any) will be deducted from the aforesaid Death Benefit.

v. For Death Benefit payable under Lapse and Reduced Paid-up mode kindly refer to the respective Sections.

vi. The Death Benefit shall be payable in lump sum. Once the Death Benefit under the Policy is paid, the Policy stands terminated.

2. Maturity Benefit:

On survival of the Life Insured till the end of the Policy Term, provided all the due Premium(s) have been paid on the date of maturity of the Policy, the following shall be payable:

a) Under Cash Payout option:

- Basic Sum Assured PLUS
- Cash Bonus (if any) PLUS
- Terminal Bonus (if any)

b) Under Paid-Up Additions option:

- Basic Sum Assured PLUS
- Cash Bonus (if any) PLUS

- Accrued Paid-up Additions (if available) PLUS
- Terminal Bonus (if any)

Once the Maturity Benefit under the Policy is paid, the Policy stands terminated.

3. **Survival Benefit:**

The Survival Benefit shall be payable as per the Bonus option selected by the Policyholder. The Bonus options are:

- Cash Payout – To receive cash bonuses as income under the Policy, or
- Paid-Up Additions – To utilize the cash bonus under the Policy to purchase Paid-Up Additions.

Policyholder may change the Cash Payout option selected at inception, to Paid-Up Additions option on any Policy anniversary by giving a written request to the Company within 3 months prior to the Policy anniversary. In case the request is not received within the defined time frame, the Policy will continue as per the option selected at inception. This change in the Bonus option will be allowed only once during the Policy Term.

Change of option from "Paid-Up Addition" to "Cash Payout" will not be allowed under the Policy.

The Survival Benefits payable as per the Bonus option selected, shall be as follows:

- **Cash Payout option:**
Under this option, at the end of each policy year, Cash Bonus, if any, is payable till end of the policy term or death or surrender, whichever is earlier.
- **Paid-Up Additions option:**
Under this option, Cash Bonus payable will be utilized to purchase Paid-Up Additions (additional sum assured). Further Cash Bonus may get declared on Basic Sum Assured and accrued Paid-Up Addition as the case may be, which in turn will get utilized to Purchase Paid-Up Addition at the end of policy year.

If the Life Insured is minor, the Policyholder shall ensure that the Cash Bonuses received while the Life Insured is still a minor, is used for the benefit of that minor Life Insured.

In case of death of the Policyholder during the Policy Term when the Life Insured is still minor, the benefits shall be payable to Legal guardian of the minor Life Insured.

Paid-Up Additions shall be calculated as under:

Paid-Up Addition factor x Cash Bonus as applicable

Paid-Up Addition factors are provided in the table below:

Age* at the time of exercising Paid- Up Additions	Paid-Up Addition Factor	Age* at the time of exercising Paid-Up Additions	Paid-Up Addition Factor
3	1.83866	39	1.58982
4	1.83681	40	1.57754
5	1.83432	41	1.56496
6	1.83129	42	1.55208
7	1.82782	43	1.53890
8	1.82399	44	1.52546
9	1.81985	45	1.51175
10	1.81545	46	1.49780
11	1.81083	47	1.48362
12	1.80604	48	1.46924
13	1.80108	49	1.45464
14	1.79598	50	1.43985
15	1.79073	51	1.42487
16	1.78534	52	1.40969
17	1.77978	53	1.39429
18	1.77405	54	1.37868
19	1.76813	55	1.36284
20	1.76199	56	1.34675
21	1.75563	57	1.33040
22	1.74902	58	1.31378
23	1.74215	59	1.29689
24	1.73500	60	1.27971

25	1.72756	61	1.26223
26	1.71982	62	1.24446
27	1.71177	63	1.22639
28	1.70341	64	1.20799
29	1.69473	65	1.18926
30	1.68572	66	1.17018
31	1.67638	67	1.15071
32	1.66671	68	1.13084
33	1.65672	69	1.11051
34	1.64639	70	1.08967
35	1.63573	71	1.06828
36	1.62474	72	1.04626
37	1.61342	73	1.02353
38	1.60178	74	1.00000

***at the beginning of the Policy Year**

4. Rider Benefit:

The Policyholder may opt for the following Riders, subject to the terms and conditions applicable to the riders:

- Kotak Accidental Death Benefit Rider (UIN – 107B001V03)
- Kotak Permanent Disability Benefit Rider (UIN – 107B002V03)
- Kotak Term Benefit (Rider)(UIN – 107B003V03)
- Kotak Life Guardian Benefit Rider [LGB] (UIN – 107B012V02)
- Kotak Accidental Disability Guardian Benefit Rider [ADGB] (UIN – 107B011V02)
- Kotak Critical Illness Plus Benefit Rider (UIN – 107B020V01)

Rider Conditions:

- a. Rider Cover only applies during the rider benefit term. Riders will cease at the end of Grace Period depending on the features of the Riders attached.
- b. The payment of rider premiums would be made in addition to the premium payable under base policy.
- c. Sum Assured under each rider \leq Basic Sum Assured under Base Plan
- d. Sum of premiums for all riders chosen or premium for each rider chosen (in case opted individually) by Policyholder except Critical Illness Plus Benefit Rider \leq 30% of Basic premium
- e. Premium for Critical Illness Plus Benefit Rider \leq 100% of Basic premium
- f. Mode of Rider Premium should be same as base Plan
- g. Modal Factors apply for Rider Premiums as per terms & conditions of rider.
- h. Minimum rider term is 5 years.
- i. Rider can be opted either at inception or at any policy anniversary and can also be detached during policy term.
- j. Rider attachment shall be allowed anytime during the policy term but will be effective only from next policy anniversary.
- k. Rider detachment shall be allowed anytime during the policy term but will be effective only from next Rider premium due date.
- l. The following will be applicable for all riders except LGB and ADGB Rider:
 - i. Rider benefit term should be less than or equal to the outstanding policy term of the base plan. The maximum Rider benefit term allowed will be the outstanding Policy term selected under the Base plan subject to the maximum maturity age under the Rider.
 - ii. Rider Premium Payment Term should be less than or equal to the outstanding PPT of the base plan.
 - iii. Premium Payment options under Rider will have to be same as that of the Base Plan. For this plan only Limited premium payment option is applicable.
- m. For LGB and ADGB Riders, Rider benefit term will be outstanding PPT of base plan subject to minimum of 5 years. It will also be subject to not breaching the maturity age of the base plan.
- n. For LGB and ADGB riders, policies will not be eligible for these riders where the Age of Policyholder and outstanding PPT of base plan, together exceeds, the maximum maturity age allowed under these riders.
- o. Rider cannot be revived independently and can only be revived along with the revival of the base Policy.
- p. For more details, please refer to respective Rider terms and conditions.

B. PREMIUMS PAYABLE

The annual Premiums are payable in advance on the anniversary of the date of commencement of the Policy. However, with the consent of the Company, the Premium(s) can also be paid in Half-yearly/ Quarterly/Monthly installments.

Grace Period, as applicable, is available for payment of Premiums due.

Premiums may be revised by the Company to give effect to any changes in the prevailing tax laws or other legislation.

As a gesture of goodwill, the Company may by way of written intimation remind the Policyholder of the Premiums due and payable under this Policy. However, whether or not such intimation is received by the Policyholder, it shall be the sole responsibility of the Policyholder, at all times, to discharge the Premium obligations as mentioned in the Policy.

Likewise it shall not be obligatory on the Company to issue any communication to a Policyholder conveying that his/her Premium paying instrument (including those for any other payments under the Policy) has bounced and/or any standing instructions by the Policyholder to a bank has not been honoured, thereby resulting in non-payment/non-receipt of the Premium(s)/payments under the Policy. As mentioned above it shall be the sole responsibility of the Policyholder, to ensure that the Premiums as mentioned herein (including for any other payments under the Policy) are duly and properly discharged.

Any excess money, upto Rs. 100/-, paid by the Policyholder over and above the Premium amount shall be adjusted against future Premium payable under the Policy or shall be refunded along with the benefits payable under the Policy.

Mode of Premium payment: **Annual**

Due date(s) of future Premium payments: **14/09/2021** and **Annual** thereafter.

Benefit	Limited Premium (Rs.)	Extra Premium (Rs.)	Date of Commencement	Date of Last Premium Due
Base Plan	99,988.00	NA	14/09/2020	14/09/2029
Permanent Dis. Benefit (Rider)(UIN-107B002V03)	525.00	NA	14/09/2020	14/09/2029
Accidental Dis. GuarBen(On LI)(UIN-107B011V02)	360.00	NA	14/09/2020	14/09/2029

Total **Annual** Premium for Basic benefit is: **Rs. 100,873.00**. Goods and Services Tax and Cess at prevailing applicable rate will be collected together with the Premiums.

Modal factors:

<u>Frequency</u>	<u>Modal Factor</u>
Yearly	100% of yearly premium
Half-Yearly	51% of yearly Premium
Quarterly	26% of yearly Premium
Monthly	8.8% of yearly Premium

Special Conditions, if any:

Signed for and on behalf of Kotak Mahindra Life Insurance Company Ltd at Mumbai on **2020-09-14**


Authorized Signatory

PART D

1. Lapse

- i. If Premiums for the first two consecutive Policy years are not paid within the Grace Period, the Policy together with the rider benefits, if any, shall lapse from the due date of the first unpaid Premium and no benefits under the Policy shall be payable.
- ii. If the Policy lapses, all the benefits under the Policy Lapse.
- iii. The lapsed Policy can be revived in the manner as mentioned in the Revival clause below.
- iv. Fresh nomination/Assignment is not allowed during lapse mode. In case a Policy has already been assigned, the lapsed status of the policy shall be informed to the assignee on record with the Company.

2. Revival

The Policyholder can revive a Lapsed/ Reduced Paid-Up Policy by making an application within a period of five years from the date of the first due unpaid Premium and before the date of maturity of the Policy.

The Policy may be revived on the following terms:

Sr. No.	Type of Revival	Requirements for Revival	Amount Payable for Revival
1.	within six months from the due date of the first unpaid Premium ("Minor Revival");	without evidence of good health;	on payment of: a) Outstanding Premiums and; b) Interest rate at such rates as may be prescribed by the Company, and approved by IRDAI from time to time on Premiums in arrears (9% per annum of outstanding premiums). Extra premiums may also be required based on the underwriting decision as per Board Approved Underwriting Policy (BAUP)
2.	after six months but within five years from the due date of the first unpaid Premium and before the date of maturity of the Policy	on production of evidence of good health and good habits by the Policyholder/Life Insured /attending physician of the Life Insured, as the case may be, to the	on payment of: a) Premiums in arrears, and; b) interest rate (9%per annum of outstanding premiums) at such rates as may be prescribed by the Company from time to time on Premiums in arrears. Extra Premiums may be

	("Major Revival");	satisfaction of the Company and also the evidence of there being no adverse change in the personal or family history or occupation of the Life Insured; In such cases, extra Premiums and any other documents may be required based on the Board Approved Underwriting Policy (BAUP).	required based on the Board Approved Underwriting Policy (BAUP).
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- i. The Company may, at its absolute discretion, accept or decline the request for revival (made by the Policyholder in writing) of a lapsed/Reduced Paid-Up Policy, or accept the request for revival on such terms and conditions as it deems fit. The revival of the Policy will be effective after the Company's approval is communicated in writing to the Policyholder. Revival will be based on Board Approved Underwriting Policy (BAUP).
- ii. Upon Lapse or Reduced Paid-Up, the Policy will not be eligible for declared cash bonuses during the lapse/Reduced Paid-Up period. However, all benefits under the Policy will be reinstated on the revival of the policy.
- iii. In the event, the Lapsed Policy is not revived within five years of due date of the first unpaid Premium and before the date of maturity of the Policy, the Policy shall stand terminated and the benefits payable under the Policy also shall cease.
- iv. If Policy is converted to Reduced Paid-Up state (Please refer Clause on Reduced Paid-Up) and is not revived as aforesaid, it will continue in that mode until maturity, death or surrender, whichever is earlier.
- v. All benefits under the policy will be reinstated on the revival of a lapsed/Reduced Paid-Up Policy. I.e. On revival of the Lapsed/Reduced Paid-Up policy, the Cash bonuses payable (if any) during the period the policy was in Lapsed/Reduced Paid-Up status, will be paid out in case of Cash Payout Option or utilized to purchase Paid-Up Additions in case of Paid-Up Additions Option.
- vi. Rider cannot be revived independently and can only be revived along with the revival of the base plan.
- vii. After expiry of revival period, Policy may be terminated by paying the Surrender Value if the Reduced Paid-Up Sum Assured of the policy is less than INR 1,250 exclusive of attached bonuses, if any.

3. Surrender

- i. Surrender Value is acquired after payment of 2 consecutive full years' Premiums
- ii. Surrender Value payable will be higher of Guaranteed Surrender Value or Special Surrender value where Guaranteed Surrender value and Special Surrender value are defined as below:
- iii. Guaranteed Surrender Value (GSV):
 - a) The Guaranteed Surrender Value under Cash Bonus Payout option will be:
 - Percentage of total Premiums paid (including extra premium but excluding Goods and Services Tax and Cess, as applicable & Rider premium, if any); Plus
 - Interim Bonus, if any Plus
 - Terminal Bonus, if any
 - Less
 - Total Applicable Survival Benefit**;
 - b) The Guaranteed Surrender Value under Paid-Up Additions option will be:
 - Percentage of total Premiums paid (including extra premium but excluding Goods and Services Tax and Cess, as applicable & Rider premium, if any); Plus
 - The Cash Value of Paid-Up Additions (if available); Plus
 - Interim Bonus, if any Plus
 - Terminal Bonus, if any
 - Less
 - Total Applicable Survival Benefit**

** Total Applicable Survival Benefit is defined as:

- Cash Bonus including interim bonus, if any, paid till date under Cash Payout Option
- Cash Bonus including interim bonus, if any, utilized to purchase Paid-Up Additions till date under Paid-Up Addition option.

Guaranteed Surrender Value cannot be less than zero.

If Guaranteed Surrender Value is less than zero then Guaranteed Surrender Value is not payable.

GSV Factors as percentage of total Premiums paid are given in table below:

Year of Surrender	Premium Payment Term				
	6	8	10	12	15
	GSV Factors (as a % of premiums paid)				
1	0%	0%	0%	0%	0%
2	30%	30%	30%	30%	30%
3	35%	35%	35%	35%	35%
4	50%	50%	50%	50%	50%
5	50%	50%	50%	50%	50%
6	60%	50%	50%	50%	50%
7	65%	50%	50%	50%	50%
8	70%	60%	60%	60%	60%
9	75%	65%	65%	65%	65%

10	80%	70%	70%	70%	70%
11	85%	80%	80%	80%	75%
12	90%	90%	90%	85%	80%
13	90%	90%	90%	90%	85%
14	90%	90%	90%	90%	85%
15 and above	90%	90%	90%	90%	90%

- iv. For Policies with Bonus Option chosen as 'Paid-Up Addition', on Surrender, the Cash Value of Paid-Up Addition (if available) will be given.

Cash Value of Paid-Up Additions (if available) is calculated as:

[Accrued Paid-Up Additions (if any) X 'Cash Value Factor for Paid-Up Additions']

'Cash Value Factor for Paid-Up Additions' shall vary by age on surrender and are stated in the table below:

Age on Surrender	Cash Value Factor for Paid-Up Additions	Age on Surrender	Cash Value Factor for Paid-Up Additions
3	0.543874	39	0.629002
4	0.544422	40	0.633898
5	0.545161	41	0.638994
6	0.546063	42	0.644297
7	0.547100	43	0.649815
8	0.548249	44	0.655540
9	0.549496	45	0.661485
10	0.550828	46	0.667646
11	0.552233	47	0.674027
12	0.553698	48	0.680624
13	0.555222	49	0.687455
14	0.556799	50	0.694517
15	0.558431	51	0.701818

16	0.560117	52	0.709376
17	0.561867	53	0.717211
18	0.563682	54	0.725331
19	0.565569	55	0.733762
20	0.567540	56	0.742528
21	0.569596	57	0.751654
22	0.571749	58	0.761162
23	0.574003	59	0.771075
24	0.576369	60	0.781427
25	0.578851	61	0.792249
26	0.581456	62	0.803561
27	0.584191	63	0.815401
28	0.587058	64	0.827821
29	0.590064	65	0.840859
30	0.593218	66	0.854569
31	0.596523	67	0.869029
32	0.599984	68	0.884298
33	0.603602	69	0.900487
34	0.607390	70	0.917709
35	0.611348	71	0.936084
36	0.615483	72	0.955785
37	0.619801	73	0.977011
38	0.624305	74	1.000000

v. Special Surrender Value (SSV):

On Surrender, the Company may consider paying a Special Surrender Value once Policy acquires Guaranteed Surrender Value. Such Special Surrender Value will be solely determined by the Company at its discretion, and the same will be quoted in writing by the Company, on receipt of a written request from the Policyholder.

The benefit payable in case of surrender will be higher of, Guaranteed Surrender Value or Special Surrender Value.

The surrender value will be paid out as a lump sum and once the surrender value is paid, all the benefits will cease and the Policy shall be terminated.

4. Reduced Paid-Up

- i. Once the Policy acquires Surrender Value, if the subsequent Premiums are not paid within the Grace Period, the Policy will be converted into a Reduced Paid-Up policy by default. Riders (if any) will also get converted to Reduced Paid-Up, subject to terms and conditions of respective Riders.
- ii. Upon being made Reduced Paid-up:
 - o The policy will not be eligible for any future Cash Bonuses and Paid-Up Additions
 - o Basic Sum Assured is reduced to Reduced Paid-Up Basic Sum Assured as follows:
$$\text{Basic Sum Assured} \times \left[\frac{\text{Total Premiums paid}}{\text{Total premiums payable during the entire policy term}} \right]$$
 - o Sum Assured on death is reduced to Reduced Paid-Up Sum Assured on death as follows:
$$\text{Sum Assured on death as at the date of reduced paid-up} \times \left[\frac{\text{Total Premiums paid}}{\text{Total premiums payable over the term}} \right]$$
- iii. If a Reduced Paid-up policy is surrendered, the surrender value (if any) shall be calculated based on the Surrender Value Factor as a percentage of Premiums paid shall be based on the Policy year of surrender as mentioned in table A and B of 'Surrender' section. Cash Value of accrued Paid Up Additions (if any) shall be payable on surrender.
- iv. Surrender Value payable will be higher of Guaranteed Surrender Value and Special Surrender Value.
- v. Upon being made Reduced Paid-up, the Policy can be revived as per the terms mentioned in the Revival clause. All benefits under the Policy will be reinstated on the revival of the Policy.

vi. In case Reduced Paid-Up policy is not revived within the revival period it will continue in that mode till end of the Policy Term.

vii. Payout at Maturity:

For reduced paid-up policy, upon survival of the Life Insured till the completion of the Policy Term, the benefit payable will be as follows:

- a) In case of Cash Payout option the benefit shall be:
 - Reduced Paid-Up Sum Assured; plus
 - Terminal Bonus, if any
- b) In case of Paid-Up Additions option, the benefit shall be:
 - Reduced Paid-Up Basic Sum Assured; Plus
 - Accrued Paid-Up Additions, if any; plus
 - Terminal Bonus, if any

viii. Payout on Death:

On Death of the Life Insured, during Policy Term, when the policy is in Reduced Paid-Up state the following shall be payable:

- a) In case of Cash Payout option:
 - Reduced Paid-Up Sum Assured on death; plus
 - Terminal Bonus, if any
- b) In case of Paid-Up Additions option:
 - Reduced Paid-Up Sum Assured on death; plus
 - Accrued Paid-Up Additions, if any; plus
 - Terminal Bonus, if any

5. Loans

There shall not be any loans provided under this Policy.

6. Vesting on Attaining Majority

Where the policy has been issued on the life of a minor, the policy shall automatically vest on him/her with effect from the date of completion of 18 years of age and the Life Insured would be the holder of the policy from such date, subject to assignment, if any and the Company shall thereafter enter into all correspondence directly with him/her.

Death benefit shall be payable to the policyholder in case of death of the minor life insured. In case of death of the Policyholder during the policy term when the life insured is still minor, the benefits shall be payable to Legal guardian of the minor Life Insured.

7. Free Look Provision

The Policyholder is offered 15 days free look period for a Policy sold through all channels (except for Distance Marketing* Channel which will have 30 Days) from the date of receipt of the Policy wherein the Policyholder may choose to return the Policy, stating the reasons thereof, within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the plan. Should s/he choose to return the policy, s/he shall be entitled to a refund of the Premium paid after adjustment for the expenses of medical examination, stamp duty and proportionate risk Premium for the period of cover. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

If the Policy has been opted through Insurance Repository (IR), the consideration of the free look period of 15 / 30 days (as per the applicable channel as mentioned above) shall be from the date of email sent by the IR.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, and interactive television (DTH) and (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts.

Part E

Not Applicable

PART F

1. Suicide Exclusion

- i. If the Life Insured commits suicide within one year from the Date of Commencement of Risk of Policy, no death benefit under the Policy shall be payable. However, in such cases 80% of the total Premiums paid* till the date of death shall be payable to the Claimant.
- ii. In case of Minor Revival done after one year from Date of Commencement of Risk of Policy, Suicide Exclusion shall not be applicable and the Death Benefit under the Policy shall be payable.
- iii. In case of suicide within 1 year of the date of Major Revival, done after one year from the Date of Inception of Policy, the benefit payable shall be higher of 80% of total Premiums Paid* till the date of death or Surrender Value (if any) at the date of death. In such cases, no death benefit under the Policy shall be payable.

* includes extra Premiums, if any

2. Forfeiture of Policy:

The policy will be forfeited if,

- i. a lapsed policy has not been revived as provided under Clause on Revival of Lapsed Policy hereof, or,
- ii. the Policy is found to have been obtained by way of fraud.

3. Fraud and Misstatement

The provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time, will be applicable to this contract. [A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in Annexure – 3 for reference].

4. Nomination and Assignment

- i. Assignment is allowed as per Section 38 of the Act, as amended from time-to-time. [A Leaflet containing the simplified version of the provisions of Section 38 is enclosed in Annexure – 1 for reference.
- ii. Nomination is allowed as per Section 39 of the Act, as amended from time-to-time. [A Leaflet containing the simplified version of the provisions of Section 39 is enclosed in Annexure – 2 for reference].
- iii. In case of Lapsation of the Policy, fresh nomination will not be allowed.
- iv. The provisions of nomination shall not apply to any policy of the life insurance to which Section 6 of the Married Women's Property (MWP) Act, 1874, applies or has at any time applied.
- v. By registering the nomination or change in nomination, the Company does not express any opinion upon the validity nor accepts any responsibility on the nomination.

5. Issuance of Duplicate Policy Document

The Policyholder may request for issuance of duplicate Policy Document by making a request to the Company in writing or in the prescribed form as the case may be. Issuance of duplicate Policy Document shall be made subject to the following conditions:

- i. The Policyholder pays the applicable fee (currently Rs. 250/-), which may be changed in future subject to approval of IRDAI.
- ii. The Policyholder submits an affidavit cum indemnity in the format prescribed by the Company
- iii. Free Look clause shall not be applicable with respect to such duplicate Policy Document.

6. Claims

- i. In the unfortunate event of death of the Life Insured, the benefit will be paid to the Policyholder/Nominee/Legal Heir/Assignee or to such other person(s) as directed by a Court of competent jurisdiction in India.
- ii. Claims should be notified to the Company in writing within ninety (90) days from the claim event. All claims payable will be subject to production of proof of the claim event satisfactory to the Company, such other requirements as stipulated by the Company and the legal title of the claimant, satisfactory to the Company.
- iii. The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the Life Insured/ Claimant
- iv. The Primary documents normally required for processing a claim are:

- **Proof of Claim Event :**

- In case of a Death claim then ORIGINAL DEATH CERTIFICATE and MEDICAL CAUSE OF DEATH/ relevant medical records are required
- In case of rider claims like critical illness, accidental death or Permanent Disability then certificate from a Registered Medical practitioner and relevant hospital records are required.

- **Supporting Documents :**

- In case of Death due to Accident then the certified copies of First Information Report [FIR], Post Mortem Report, the autopsy report any relevant Newspaper Cuttings and Final Police Closure Report are required.
- Where death occurs due to any car or motor accident where the life insured was the driver, a certified copy of the insured's driving license to be submitted.
- Original policy document.
- All medical records are required.

- **Claimant related Documents :**

- Current residential proof and Photo identity proof of Claimant, as mentioned.
- Original Cancelled cheque showing name of Bank, location of Bank Branch, Name of Account Holder and Account No. In absence of the same the client can event submit Photocopy of Bank Pass Book/Bank Statement of beneficiary bearing the aforesaid details duly attested by the Concerned Bank

- **Claim Intimation Form**

For any claim, one must inform the insurance company by filling the 'Claim Intimation Form' with all details. This form can be obtained by visiting the nearest Kotak Life Insurance Branch or can be downloaded from our website.

- v. The Company reserves the right to call for any additional information and documents required to satisfy itself as to the validity of a claim. The Company at its sole discretion may settle a claim by conducting its own investigation or enquiry to the satisfaction of the Company that the required documents are not available and the claimant approaching the Company is the genuine Claimant.
- vi. The amount due under this policy is payable at the office of the Company situated at Mumbai, but the Company may fix an alternative place of payment for the claim at any time before or after the policy has become a claim.

7. Policy Alteration

- i. Basic Sum Assured, Premium, Policy term and Premium Payment Term related alterations are not allowed under the Policy.
- ii. Minor alterations shall be allowed as per prevailing Policy Servicing manual of the Company.
- iii. Alteration charges will be as per prevailing Policy Servicing manual of the Company.

8. Notice

Any notice, information or instruction to the Company must be in writing and delivered to the address intimated by the Company to the Policyholder which is currently:

Customer Care,
Kotak Mahindra Life Insurance Company Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
Goregaon Mulund Link Road, Malad East, Mumbai 400097
Toll Free: 1800 209 8800
e-mail: clientservicedesk@kotak.com

The Company may change the address stated above and intimate the Policyholder of such change by suitable means.

The Policyholder is also advised to promptly notify the Company of any change in his/her address and/or that of his/her nominee to ensure timely and effective communication of policy related information to the Policyholder.

Any notice, information or instruction from the Company to the Policyholder shall be mailed to the address specified in the proposal form or to the changed address as intimated to the Company in writing.

9. Electronic Transactions

The Policyholder will adhere to and comply with all such terms and conditions as prescribed by the Insurer from time to time, and all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or any combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by the Insurer or on behalf of the Insurer, for and in respect of this Policy, or in relation to any of the Insurer's products and services, shall constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities, as may be prescribed by the Insurer from time to time.

Similarly, the electronic communication received from the Policyholder/Life Insured/Legal Heir/Nominee (including their digital signature/online consent) with respect to the Policy shall be legally binding, if the same is made in accordance with the terms and conditions of this Policy and other terms and conditions of the Insurer from time to time with respect to individual transactions.

10. Force Majeure

If Our performance or any of Our obligations are in any way prevented or hindered as a consequence of any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances beyond Our anticipation or control, the performance of this Policy shall be wholly or partially suspended during the continuance of such force majeure.

11. Governing Laws

1. Anti Money Laundering Provisions:

The Prevention of Money Laundering Act, 2002, also applies to insurance transactions. As such the Insurer shall enforce the said legislation to the extent it may be applicable to this Policy.

2. Miscellaneous:

This Policy is subject to the Insurance Act 1938, as amended by the Insurance Regulatory and Development Authority Act, 1999, such amendments, modifications as may be made from time to time and such other relevant regulations as may be introduced there under from time to time by that Authority.

3. Cancellation of Policy:

Where the Policyholder is an agent/relative (spouse, parent or child) of agent of the Company, and where the Policy is cancelled for any reason, the amount refunded to such Policyholder shall be net of the commission payable/paid to the agent.

4. Entire Agreement:

This Policy Document along with the documents and agreements referred to herein, supersedes all prior discussions and agreements (whether oral or written, including all correspondence) with respect to the subject matter of this Policy, and this Policy Document (together with any written and mutually agreed amendments or modifications thereof) contain the sole and entire agreement between the Company and the Policyholder with respect to the subject matter hereof.

5. Jurisdiction:

Without prejudice to the generality of the aforesaid provisions, this Policy shall be governed by the laws of India.

PART G

Grievance Redressal System

1. In case you have any query or complaint/grievance, you may approach our office at the following address:

Customer Care,

Kotak Mahindra Life Insurance Company Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
Goregaon Mulund Link Road, Malad East, Mumbai 400097
Toll Free: 1800 209 8800
Email ID: clientservicedesk@kotak.com

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

The Grievance Redressal Officer,

Kotak Mahindra Life Insurance Company Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
Goregaon Mulund Link Road, Malad East, Mumbai 400097
Contact No: 022 – 6621 5555
Email ID: kli.grievance@kotak.com

3. If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255 or 1800 4254 732

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India

Sy.No.115/1, Financial District, Nanakramguda,
Gachibowli, Hyderabad-500032

4. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address given below if your grievance pertains to:

- (a) delay in settlement of claims, beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999;
- (b) any partial or total repudiation of claims by the Insurer;
- (c) disputes over premium paid or payable in terms of insurance policy;
- (d) misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- (e) legal construction of insurance policies in so far as the dispute relates to claim;
- (f) policy servicing related grievances against Insurer and their agents and intermediaries;
- (g) issuance of life insurance policy, including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- (h) non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and
- (i) any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f).

5. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
6. As per Insurance Ombudsman Rules, 2017, notification no. GSR 413(E) [F.NO.14019/22/2010-INS.II], dated 25-4-2017 the complaint to the Ombudsman can be made
 - Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
 - Within a period of one year from the date of rejection by the Insurer
 - If it is not simultaneously under any litigation.

List of Insurance Ombudsman:

AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 2323481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in	GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in

ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	EXECUTIVE COUNCIL OF INSURERS, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106889 / 671 / 980 Fax: 022 - 26106949 Email: inscoun@ecoi.co.in

Annexure 1

Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Ordinance dtd 26.12.2014. The extant provisions in this regard are as follows:

01. This policy may be transferred/assigned, wholly or in part, with or without consideration.
02. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

- a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
- b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - ii. the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

- 14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the policy
 - c. obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
- 15. Any rights and remedies of an assignee or transferee of a life insurance policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Ordinance, 2014 shall not be affected by this section.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

Annexure 2

Section 39 - Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Ordinance dtd 26.12.2014. The extant provisions in this regard are as follows:

01. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
02. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
03. Nomination can be made at any time before the maturity of the policy.
04. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
05. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his
 - a. parents or
 - b. spouse or
 - c. children or
 - d. spouse and children
 - e. or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Ordinance, 2014 (i.e 26.12.2014).
16. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
17. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Ordinance) 2014, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

Annexure 3

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Ordinance dtd 26.12.2014 are as follows:

01. No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 yrs from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.
02. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a. the date of issuance of policy or
 - b. the date of commencement of risk or
 - c. the date of revival of policy or
 - d. the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.
03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.
09. The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer : This is not a comprehensive list of amendments of Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to Insurance Laws (Amendment) Act, 2015 dated 23.03.2015 for complete and accurate details.]

Annexure 4 - List of valid age proofs:

- Birth Certificate/
- School / College Leaving Certificate, provided – it specifies Date of Birth, States that Date of Birth is extracted from School / College Records, Stamped and signed by College / School
- Passport
- Driving license
- PAN Card
- Ration Card, which specifies the Date of Issue of the Ration Card and the Date of Birth or Age of the Life to be Insured
- Election ID card (also called voters ID) issued by the Election Commission of India can be accepted as valid age proof provided it was issued at least 2 years before the date of the insurance proposal.
- Extract from service register in case of:
 - Government and semi-government employees
- In case of defense/central government/ state government personnel, identity card issued respectively by the defense department /central government/ state government to their personnel showing, inter alias, the date of birth or age
- Marriage certificate in the case of Roman Catholics issued by Roman Catholic Church
- Domicile certificate in which the date of birth stated was proved on the strength of the school certificate or birth certificates

NOTE:

Any of the abovementioned Age Proof document submitted should have been issued at least 1 year prior to the date of the cover. In other words, any age proof document which has been issued by the respective issuing authority within a span of 1 year before the risk commencement date, then the same shall not be acceptable.

Kotak Permanent Disability Benefit Rider
UIN (107B002V03)

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PART A

I. SCHEDULE

Base Policy No.:	74398169
Base Plan Name:	Kotak Smart Life Plan(UIN-107N102V02)
Rider Plan Name:	Kotak Permanent Disability Benefit Rider
Name of the Life Insured in full:	Arunangshu Podder
Date of Birth of the Life Insured:	24/06/1991
Gender of the Life Insured:	Male
Client ID of the Life Insured:	69509451
Life Insured's Age at Commencement:	29 years
Name of the Policyholder in full:	Arunangshu Podder
Date of Birth of the Policyholder:	24/06/1991
Gender of the Policyholder:	Male
Policyholder's Age at Commencement:	29 years
Client ID of the Policyholder:	69509451
Date of Commencement of the Rider:	14/09/2020
Date of Commencement of Risk of Rider:	14/09/2020
Date of Maturity:	14/09/2060
Rider Sum Assured:	Rs. 500,000.00
Rider Benefit Term:	40 Years
Rider Premium (Incl of Goods and Services Tax and Cess as mentioned in the First Premium Certificate):	Rs. 619.00
Premium Payment Mode:	Annual
Rider Premium Payment Term:	10 Years
Nominee Details:	As per the base Policy

The stamp duty of Rs. 100.00/- (Rupees One Hundred Only) is affixed to this instrument out of the consolidated stamp duty deposited with the additional controller of stamps, Mumbai, vide Letter of Authority no. CSD/101/2020/1753 Dated 02-09-2020.

PART B

A. DEFINITIONS:

1. Accident:

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Age:

Age means the age of Life Insured as on his/her birthday immediately preceding the Date of Commencement of Rider.

3. Claimant:

Means, the Policyholder; or the Life Insured; or the Assignee; or the nominee; or the legal heir of the Policyholder or the nominee, as the case may be.

4. Board:

Board means the Board of Directors of Kotak Mahindra Life Insurance Company Limited.

5. Date of Commencement of the Rider:

Date of Commencement as mentioned in Schedule above.

6. Date of Commencement of Risk of the Rider:

Date of Commencement of Risk as mentioned in Schedule above.

7. Entry Age:

Minimum Age at entry: 18 years

Maximum Age at entry: 60 years or maximum entry age of the base Plan, whichever is lower.

8. Grace Period:

As per the base policy contract. Grace Period is not applicable for single premium payment option.

9. Maturity Age:

Minimum Age at maturity: 23 years

Maximum Age at maturity: 70 years or maximum maturity age of the base Plan, whichever is lower.

10. Rider:

Refers to the Kotak Permanent Disability Benefit Rider and shall form part of the base Policy document and run concurrently with the base Policy.

11. Rider Benefit Term:

As mentioned in Schedule above.

12. Rider Premium Payment Term:

As mentioned in the Schedule above. This is the period during which the Policyholder shall pay the premium to get the benefits under this Rider.

13. Rider Sum Assured:

Refers to the amount specified in the Schedule as Rider Sum Assured.

14. Total and Permanent Disability:

Life Insured shall be considered Permanently and Totally Disabled, due to an Accident, if he is:

- unable to earn an income from the date of the Accident, from any work, occupation or profession, or
- unable to use both hands at or above the wrist, or
- unable to use both feet at or above the ankle, or
- unable to use one hand at or above the wrist and one foot at or above the ankle, or
- blind in both eyes

PART C

1. Benefits Payable:

A. Accidental Total & Permanent Disability Benefit:

If, the Life Insured suffers from Total and Permanent Disability due to an Accident and the Beneficiary proves the same to the satisfaction of the Company, by submission of all necessary documents, then, subject to the other provisions of this Rider, the benefit payable under the Rider shall be five annual instalments, each instalment being 12% of the Rider Sum Assured, followed by a final payment at the end of the fifth year, being 60% of the Rider Sum Assured. The first installment of 12% of the Rider Sum Assured will be paid on claim settlement and the remaining installments will be paid in intervals of one year.

This benefit will be subject to the following conditions and exclusions:

i. Conditions:

- a) This Rider is in full force at the time of the Accident.
- b) The Life Insured has sustained any bodily injury directly and solely from the Accident.
- c) The Life Insured becomes totally and permanently disabled due to Accident and such injury as stated above is solely, directly and independently of all other causes of becoming disabled.
- d) The Life Insured survives for at least 120 days from the date of the Accident.
- e) The Life Insured is willing to be examined by a Medical Examiner nominated by the Company.

No Benefit is payable in case of death of the Life Insured. However, in case of death of the Life Insured during the benefit payment phase, the discounted value (at 4% rate of interest) of outstanding benefit, if any, will be paid as a lump sum and the rider benefits will terminate.

ii. Exclusions:

The Life Insured will not be entitled to any benefits under this Rider if the Total and Permanent Disability takes place in the following circumstances:

- a) Self inflicted injuries, attempted suicide, insanity, immorality, committing any breach of law or being influence of drugs, liquor etc.
- b) When the life insured is engaged in aviation or aeronautics other than as a passenger on a licensed commercial aircraft operating on a scheduled route.
- c) Due to injuries from war (whether declared or not), terrorism, invasion, hunting, mountaineering, motor racing of any kind, other dangerous hobbies or activities, or being on duty in military, para-military, security or police organization.
- d) Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

B. Maturity Benefit:

There is no maturity benefit available under this Rider.

2. Payment of Rider Premium:

The sum of all Rider Premiums including premium of other riders except Health Riders under the base policy, if any, shall not exceed 30% of the Premium of the base Policy. The Premium payment option and mode of the Rider shall be same as Premium Payment Option and mode of the base Policy respectively.

The Rider Premium Payment Term for regular premium paying policy shall be equal to the Rider Benefit Term.

The Rider Premium Payment Term for Single premium paying policy shall be Single and it is payable in advance before the Date of Commencement of the Rider.

The Rider Premium Payment Term for limited premium paying policy shall be minimum 5 years and maximum 39 years, subject to the Premium Payment Term of Rider being lesser than the Rider Term.

Further, the Rider Premium Payment Term shall not be greater than the outstanding Premium Payment Term of the base Policy.

Modal factors depending on the mode of premium are stated below:

Frequency	Modal Factor
Yearly	100% of tabulated rates
Half-Yearly	51% of yearly Premium
Quarterly	26% of yearly Premium
Monthly	8.8% of yearly Premium.

GST and cess and other taxes shall be levied on the rider premiums as per prevailing laws and may vary from time to time.

PART D

1. Lapse:

i. For Limited Premium Payment mode:

For Premium Payment Term (PPT) less than 10 years: If Premiums are discontinued anytime during the first two Policy years, the Rider Benefit shall lapse at the end of the Grace Period. No benefit shall be payable under such circumstances.

For PPT greater than or equal to 10 years: If Premiums are discontinued anytime during the first three Policy years, the Rider Benefit shall lapse at the end of the Grace Period. No benefit shall be payable under such circumstances.

ii. For Regular Premium Payment mode:

The benefit under the Rider shall lapse at the end of Grace Period, if the due premium is not received till the end of the Grace Period.

iii. Single Premium payment mode:

The Rider benefit will not lapse.

Further, if the base policy to which this Rider is attached lapses, then the Rider shall automatically lapse.

Once the Rider is lapsed, no Rider benefits are payable unless the Rider is revived within the Revival period. Even upon revival, it will not cover any Accidental Permanent and Total Disability having occurred during the period when the Policy was in lapsed state.

The lapsed Rider can be revived as mentioned in the 'Revival' clause.

2. Revival:

The Rider cannot be revived independently and can only be revived within 5 years from the due date of first unpaid premium along with the revival of the base Policy. Revival will be based on Board Approved Underwriting Principles. On payment of due premiums the Rider will automatically be renewed with base policy.

Revival clause is not applicable for Single Premium payment option.

3. Surrender Benefit:

The Rider shall not acquire any surrender value under the Regular Premium Payment option.

The surrender value will be acquired only under the Single Premium payment and Limited Premium payment options which shall be calculated as follows:

- i. Under Single Premium Payment option policy acquires Surrender Value immediately after the receipt of Single Premium. The Surrender Value will be calculated as:
$$75\% \times \text{Total Rider premiums paid} \times ((\text{Rider benefit term} - 1) / \text{Rider benefit term}) \times (\text{Balance Rider benefit term to run} / \text{Rider benefit term})$$
- ii. Under Limited Premium Payment option, policies with Premium Payment Term of less than 10 years acquire Surrender Value after payment of 2 consecutive full year's premiums and policies with Premium Payment Term of 10 years or more acquire Surrender Value after payment of 3 consecutive full year's premiums.

The Surrender Value will be calculated as:
 $75\% \times \text{Total Rider premiums paid [excluding first year rider premium]} \times ((\text{rider benefit term} - \text{rider premium payment term}) / \text{rider benefit term}) \times (\text{Balance rider benefit term to run} / \text{rider benefit term})$

- iii. Once the surrender value is paid, the Rider shall stand terminated and no further benefits shall be applicable/payable.

4. Reduced Paid-Up Benefit:

Under the Limited Premium Payment option, the Rider would acquire Reduced Paid-Up Benefit only after Surrender Value is acquired by the Rider and base Policy is made Reduced Paid-Up subject to the terms and conditions of the base policy.

Rider cannot acquire Reduced Paid-Up value under the Regular Premium Payment option and shall lapse if any of the Premiums are not paid as per the terms of this Rider.

Single Premium paying Riders shall be treated as fully Paid-Up and will be eligible for the entire Rider Sum Assured.

The Reduced Paid Up Rider Sum Assured shall be calculated as follows:

$$\text{Reduced Paid-Up Rider Sum Assured} = (\text{Total Rider Premiums paid} / \text{Total Rider Premiums payable}) \times \text{Rider Sum Assured}$$

5. Loans:

No loan facility is available under the Rider.

6. Alterations of the Rider:

- a. Increase/Decrease in Rider Sum Assured is not allowed.
- b. Rider can be opted either at inception or at any policy anniversary as per the Board approved Underwriting Principles and the Rider Terms and Conditions.
- c. Rider will automatically get surrendered if the base policy is surrendered and the Surrender Value, if any, shall be payable.
- d. Rider can also be detached anytime during Base policy term. However, if the rider is opted earlier and then detached during the Rider Policy Term, the policyholder will not be able to opt for the Rider again under the same base policy. On detachment of the rider, the applicable surrender value, if any, will be paid and the rider cover will terminate.

7. Free Look Provision:

The policyholder is offered 15 days free look period for a policy sold through all channels (except for Distance Marketing* Channel which will have 30 Days) from the date of receipt of the Rider policy wherein the policyholder may choose to return the Rider policy stating the reasons thereof within 15 days / 30 days of receipt if s/he is not agreeable with any of the terms and conditions of the Rider.

The cancellation request should be submitted to the nearest Kotak Life Insurance Branch or sent directly to the Company. Should s/he choose to return the Rider policy, s/he shall be entitled to a refund of the Rider premium paid after adjustment for the expenses of medical examination, stamp duty and proportionate Rider risk premium for the period of cover. A Rider policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy. If the Policy has been opted through Insurance Repository (IR), the consideration of the free look period of 15 / 30 days (as per the applicable channel as mentioned above) shall be from the date of email sent by the IR.

*Distance Marketing includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) Voice mode, which includes telephone calling (ii) Short Messaging service (SMS) (iii) Electronic mode which includes e-mail, internet and interactive television (DTH) (iv) Physical mode which includes direct postal mail and newspaper & magazine inserts and (v) Solicitation through any means of communication other than in person.

In addition to the above, Free Look Provision as per the base Policy is also applicable on the Rider contract. The Rider Policy stands cancelled when the Free Look Provision of the base Policy is exercised.

PART E

NOT APPLICABLE

PART F

1. Claims:

- The minimum documents required to make a claim under this rider are as follows :
 - Certified copies of First Information Report [FIR] and the Final Police Closure Report.
 - Supporting medical documents pertaining to the claim event.
 - If the claim event occurs due to any car or motor accident where the Life Insured was the driver, then we require a certified copy of the Life Insured's valid driving license.
- The policyholder needs to write to the Company, within 30 days from the day of the Accident, giving the following details:
 - Date, time and the place of the Accident.
 - Nature of the Accident and details thereof.
 - The Life Insured's address.
- Within 150 days after the happening of Total and Permanent Disability, the Policyholder must write to the Company giving the details of permanent and total disability, in the manner required by the Company, along with proof of disability.
- The Company reserves its rights to call for any additional requirements or waive any Mandatory Requirement (basis the merits of the claim) for the assessment of Rider Claim.

2. General Terms and conditions:

- Section 45 of the Insurance Act, 1938, as amended from time-to-time, shall be applicable to the Rider.
- All the provisions of the base Policy shall be applicable to the Rider Benefit.

PART G

Query/Complaint Resolution and List of Ombudsman already provided in the base Policy.

Annexure : KWP4

Kotak Accidental Disability Guardian Benefit (Rider) (UIN-107B011V02)

Schedule

Policy No:	74398169
Plan Name:	Kotak Smart Life Plan(UIN-107N102V02)
Name of the Policyholder in full:	Arunangshu Podder
Date of Birth of the Policyholder:	24/06/1991
Gender of the Policyholder:	Male
Policyholder's Age at Commencement:	29 years
Client ID of the Policyholder:	69509451
Date of Commencement of Rider:	14/09/2020
Date of Commencement of Risk of Rider:	14/09/2020
Term of the Rider:	10 Years
Premium Payment Term:	10 Years
Nominee Details:	As per the base Policy

The Rider is defined as part of the base Policy document and runs concurrently with the base policy. The sum of all Rider Premiums (including other riders opted, if any) cannot exceed 30% of the Premium of the Base Policy. The General description of the benefits payable under the Rider is given below:

Terms & Conditions

Accident: An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Total & Permanent Disability Benefit:

If the Proposer becomes totally and permanently disabled due to an accident and this is proved to the satisfaction of the Company, the future Premium payments (this would include the base Premium and other riders as well) on the Policy in respect of all other benefits in force, shall be paid by the Company subject to the following conditions:

- This benefit is in full force at the time of the Accident.
- The correctness of the age of the Proposer, declared in the Proposal Form, has been proven to the satisfaction of the Company.
- The Proposer has sustained any bodily injury directly and solely from the

Accident, which has been caused by outward, violent and visible means.

- d) The Proposer becomes totally and permanently disabled from the date of Accident due to such injury as stated above solely, directly and independently of all other causes of becoming disabled.
- e) The disability is such that the proposer is totally and permanently:
- unable to earn an income from the date of the Accident onwards from any work, occupation or profession (commensurate with his educational qualifications, training and experience), or
 - unable to use both hands at or above the wrist, or
 - unable to use both feet at or above the ankle, or
 - unable to use one hand at or above the wrist and one foot at or above the ankle, or
 - blind in both eyes.
- f) The Policyholder writes to the Company, within 30 days from the day of the Accident, giving the following details:
- Date, time and the place of the accident.
 - Nature of the accident and details thereof.
 - The Proposer's address.
- g) The Proposer survives for at least 120 days from the date of the accident.
- h) Within 150 days after the happening of disability the Proposer writes to the Company giving the details of permanent and total disability, in the manner required by the Company, along with proof of disability and
- i) The Proposer is willing to be examined by a Medical Examiner nominated by the Company.
- j) The correctness of the age of the Proposer, declared in the Proposal Form, has been proven to the satisfaction of the Company.
- k) The minimum documents required to make a claim under this rider are as follows
- Certified copies of First Information Report [FIR] and the Final Police Closure Report
 - Supporting medical documents pertaining to the claim event.

If the claim event occurs due to any car or motor accident where the Life Insured was the driver, then the Company requires a certified copy of the Life Insured's valid driving license. The proposer must inform the Company of any changes in his occupation or activities as this could affect the terms and conditions of this rider. On such disclosure, the Company shall have the right to amend the benefits payable under this rider.

On disability of the Proposer due to accident, all future Premiums on the

Policy will be waived.

Exclusions:

The Company shall not be liable to pay the Permanent Disability Benefit if disability takes place in the following circumstances:

- a) Self-inflicted injuries, attempted suicide, insanity, immorality, committing any breach of law or being under influence of drugs, liquor etc.
- b) When the Proposer is engaged in aviation or aeronautics other than as a passenger on a licensed commercial aircraft operating on a scheduled route.
- c) Due to injuries from war (whether war is declared or not), invasion, hunting, mountaineering, motor racing of any kind, other dangerous hobbies or activities, or having been on duty in military, para-military, security or police organization.

Alteration:

Whenever the Premium under the base Policy is altered then Rider Benefit and Rider Premium will automatically be altered.

No other alterations are allowed.

Suicide Exclusion:

In case the Life Insured commits suicide any time during the Rider Term, the benefits under the Rider shall not be payable.

Maturity Benefit:

No benefits shall become payable under the Rider.

Surrender Value:

If the base Policy is surrendered, Rider will get automatically surrendered and no Surrender Value will be available.

Reduced Paid-Up Benefit:

Rider benefit cannot be made Reduced Paid-Up.

Lapse:

The Rider Benefit will lapse if premiums for Rider are not received within the Grace Period (as defined in base Policy's Terms & Conditions) and no benefit shall be payable under such circumstances. If the base policy to which this rider is attached lapses, then the rider benefit will automatically cease.

Revival:

The Rider cannot be revived independently and can only be revived along with the revival of the base Policy. The revival charge will be applicable and will be same as that of the base Policy.

Free Look Provision:

In case you are not agreeable to any of the provisions of the Rider benefits, you have the option of cancelling the Rider benefits by stating the reasons thereof, within 30 days for Policies sold through Distance Marketing and 15 days for others, from the date of the receipt of the Rider Policy. The cancellation request should be submitted to your nearest Kotak Life Insurance branch or sent directly to our Head Office. On receipt of your letter along with the original Rider Policy document we shall arrange to refund the Rider Premium paid by you after deducting the proportionate risk Premium, medical expenses and stamp duty. Rider benefits once cancelled shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Rider benefit.

In addition to the above, Free Look Provision of the base Policy is also applicable on the Rider contract which means that the Rider Policy stands cancelled when the Free Look Provision of the base Policy is exercised.

General Terms and conditions:

- Section 45 of the Insurance Act, 1938 as mentioned in the base Policy shall be applicable.
- All the provisions of the base Policy shall be applicable to the Rider Benefit.
- The Premium payment term of the Rider shall not be less than the five years.
- The rider term shall not exceed the term of the base plan or outstanding term of the Policy in case the rider has been attached at time after the Policy issue date.
- The Premium shall be subject to taxes as may be applicable from time to time.



Koi hai... hamesha

KOTAK PROPOSAL FORM (KPF)

APPLICATION NO.: **KP**

APPLICATION ID: GN02358765

FORM ID NO: 30101091

☒ NON UNIT LINKED

☐ UNIT LINKED: "IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

FOR OFFICE USE ONLY

Proposal Number 74398169 / BB120920113155795

Proposal Receipt Date 12-09-2020

Name of the Product Kotak SmartLife Plan

Cross Reference No. 9831056946

Product Code K93

Branch Code

Opportunity ID

Client ID (for new customers)

CATEGORY : A. ☐ Rural ☒ Urban **B.** ☐ Unorganized Sector ☐ Economically Vulnerable / Backward Class ☐ Other Categories ☐ New Customer ☐ Existing Customer

OBJECTIVE OF INSURANCE : ☐ Keyman ☐ HUF ☐ MWPA ☐ Employer Employee ☐ Partnership ☐ QROPs (applicable for Pension Plans only)

INSTRUCTIONS FOR FILLING UP THE FORM

1. Please answer all questions 2. Please tick a box thus ☒ where appropriate. 3. Please strike out parts which are not applicable and write 'N.A.'. 4. Strokes of the pen, dots and dashes will not be accepted as replies. 5. This form is to be filled by the proposer himself/herself in **BLOCK LETTERS** in black or blue ink. In case he/she is unable to do so, he/she may dictate the answers to the questions in the proposal form to a scribe, other than the Company's Life Advisor / Corporate Agent / Broker / Relationship Officer. 6. The proposer must sign any cancellation or alteration. 7. Insurance is a contract of utmost good faith, which requires the Insurer, proposer and life to be insured to disclose all material facts. In case of any doubt as to whether a fact is material or not, the fact should be disclosed. As the statements in this proposal constitute warranties, complete and accurate information must be given. 8. Please use additional sheet where space is not sufficient

1. PARTICULARS OF THE LIFE TO BE INSURED AND PROPOSER (to be filled in BLOCK LETTERS)

PARTICULARS	LIFE TO BE INSURED	PROPOSER (to be filled only if different from the life to be insured)
1.1 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)		
1.2 TITLE	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master
1.3 FULL NAME	Surname: PODDER First Name: ARUNANGSHU Middle Name:	
1.4 MAIDEN NAME (in case of married female)	Surname: First Name: Middle Name:	
1.5 FATHER's / HUSBAND's NAME	Surname: PODDER First Name: ARUNAVA Middle Name:	
1.6 NATIONALITY	<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHER
1.7 GENDER	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
1.8 DATE OF BIRTH	24-06-1991	
1.9 GROSS ANNUAL INCOME	885000	
1.10 PROOF OF AGE	<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others	<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Cert. <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others
1.11 MARITAL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
1.12 EDUCATIONAL QUALIFICATION (Tick Highest)	<input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input checked="" type="checkbox"/> Graduate <input type="checkbox"/> 12th pass <input type="checkbox"/> 10th pass <input type="checkbox"/> Below 10th <input type="checkbox"/> Others	<input type="checkbox"/> Professional <input type="checkbox"/> Post-Graduate <input type="checkbox"/> Graduate <input type="checkbox"/> 12th pass <input type="checkbox"/> 10th pass <input type="checkbox"/> Below 10th <input type="checkbox"/> Others
1.13 OCCUPATION CATEGORY	<input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Others
1.14 a) IF SALARIED (please tell us the type of organization)	<input checked="" type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Govt. <input type="checkbox"/> Trust <input type="checkbox"/> Partner / Proprietor <input type="checkbox"/> Others
1.14 b) IF SELF-EMPLOYED (please tell us the type of organization)	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others	<input type="checkbox"/> Trading <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Others

* Please fill in the NRI / PIO Questionnaire.

APPLICATION NO.: **KP**

PARTICULARS		LIFE TO BE INSURED		PROPOSER	
1.15 PERMANENT RESIDENTIAL ADDRESS	C/o or S/o or W/o				
	House/Flat No./Society				
	Street/Lane/Mohalla	FLAT -F3 2ND FLOOR			
	Landmark	BESIDE HDFC BANK			
	Area/Location	181 SANTOSH PUR AVENUE			
	Village/Taluka/Tehsil				
	City/District	KOLKATA	Pin	700075	
State	West Bengal (India)				
1.16 CURRENT RESIDENTIAL ADDRESS (If different from Permanent Residential Address)	C/o or S/o or W/o				
	House/Flat No./Society				
	Street/Lane/Mohalla	FLAT -F3 2ND FLOOR			
	Landmark	BESIDE HDFC BANK			
	Area/Location	181 SANTOSH PUR AVENUE			
	Village/Taluka/Tehsil				
	City/District	KOLKATA	Pin	700075	
State	West Bengal (India)				
1.17 OFFICE ADDRESS (Company name and full address of present employer/ last employer for retired individuals)	Name	DELOITTE CONSU			
	Street/Lane	SURVEY 123 DIVY			
	Landmark				
	Area/Location	BLOCK - C			
	City/District	BANGALURU	Pin	560037	
State	Karnataka (India)				
1.18 PREFERRED MAILING ADDRESS		<input checked="" type="checkbox"/> Permanent Residential <input type="checkbox"/> Current Residential <input type="checkbox"/> Office		<input type="checkbox"/> Permanent Residential <input type="checkbox"/> Current Residential <input type="checkbox"/> Office	
1.19 WORK DETAILS(present employment)		a) No. of Years in Service 3		b) Designation CONSULTANT	
		c) Nature of Work EMPLOYEE		a) No. of Years in Service	
		d) Nature of Business of the Organization SOFTWARE		b) Designation	
				c) Nature of Work	
				d) Nature of Business of the Organization	
1.20 TELEPHONE NUMBER (with STD Codes)		Residence	09632255379	Residence	
		Office		Office	
		Mobile	9632255379	Mobile	
1.21 E-mail ID		arunangshu.podder@gmail.com			
<input checked="" type="checkbox"/> Do your bit for green world & Switch to e-communication. Kindly <input checked="" type="checkbox"/> mark if you would like to receive your communication through electronic mode.					
1.22 IT ASSESSEE		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.23 PERMANENT A/C NO. (PAN)		COAPP5390C		Enclosed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1.24 IF PAN NOT AVAILABLE		<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for		<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applied for	
1.25 RELATIONSHIP TO LIFE TO BE INSURED		NOT APPLICABLE		Self	
1.26 TOTAL EXISTING LIFE COVER (excluding this proposal) (in `)		PLEASE REFER TO QUESTION NO. 9			
1.27 Additional Details - Indicator for Residence / Tax status		a) Place of Birth	KOLKATA	a) Place of Birth	
		b) Country of Birth	India	b) Country of Birth	
		c) Are you a citizen of any other country also	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	c) Are you a citizen of any other country also	<input type="checkbox"/> Yes <input type="checkbox"/> No
		d) Are you a resident (for tax purposes) of any other country other than India	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d) Are you a resident (for tax purposes) of any other country other than India	<input type="checkbox"/> Yes <input type="checkbox"/> No
		e) Do you hold a green card of US or any similar card for any other country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	e) Do you hold a green card of US or any similar card for any other country	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If answer to any / all of the above is yes, please do fill all the details			
1.28 Would you like to opt for Electronic Policy Insurance through an e-insurance Account (eIA) of an Insurance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1.29 If you have an eIA, provide details:					
a) Name of Insurance Repository					
b) eIA No.		c) Name as appearing in eIA			

1.30 If you do not have an eIA, would you like to open an account? If Yes, choose any one Insurance Repository

☐ Yes ☒ No

☐ CAMS Repository Services Limited

☐ NSDL Data Management Limited

☐ Karvy Insurance Repository Limited

☐ Central Insurance repository Limited

2. ADDITIONAL INFORMATION OF THE LIFE TO BE INSURED AND PROPOSER

PARTICULARS	LIFE TO BE INSURED	PROPOSER
2.1 PROOF OF IDENTITY	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's Identity Card <input type="checkbox"/> Ration Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Ration Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Others
2.2 PROOF OF PERMANENT RESIDENCE (in case both are different,	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Others	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Others
2.3 PROOF OF CURRENT RESIDENCE (in case both are different,	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Others	<input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter's Identity <input type="checkbox"/> Others
2.4 SOURCE OF EARNINGS	<input checked="" type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Inheritance <input type="checkbox"/> Others	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Inheritance <input type="checkbox"/> Others
2.5 PROOF OF INCOME (where sum of annualized premiums across all policies with KLI (including at proposal stage) is ` 1 Lakh or more)	<input type="checkbox"/> IT Returns <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Audited P/L Accts. <input type="checkbox"/> Others	<input type="checkbox"/> IT Returns <input type="checkbox"/> Employer's Certificate <input type="checkbox"/> Audited P/L Accts. <input type="checkbox"/> Others
2.6 OTHER DETAILS		
a) Do you have any history of conviction under any criminal proceedings in India or abroad? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No b) Are you a Politically Exposed Person (these are the people who hold prominent public function viz. Heads/Ministers of Central or State Govt., Senior Politicians, Senior Govt., Judicial or Military Officials, Senior Executives of Govt. companies, Important Political Party Officials, and immediate family members of above persons)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No c) Is your occupation associated with any specific hazards which would render you susceptible to any injury or illness, e.g. chemical factory, mines, explosives, corrosive chemicals, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No d) Are you currently engaged in or intend to take part in any hazardous hobbies / activities which would increase the risk of any injury or or illness in you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No e) If your answer is 'Yes' to any of the above questions kindly give details:		

² Maximum 6 month old

3. PARTICULARS OF THE PLAN PROPOSED

3.1	NAME OF PLAN / RIDER	PREMIUM PAYMENT TERM (Yrs.)	POLICY TERM (Yrs.)	SUM ASSURED (₹) / MONTHLY INCOME* (₹)	MODAL PREMIUM* (₹)
BASIC PLAN	Kotak SmartLife Plan	10	46	940000	99988
RIDER DETAILS (OPTIONAL) (please fill the Life Guardian Addendum where applicable)	Permanent Disability Benefit	10	40	500000	525
	Accident Disability Guardian	10	10	Yes	360
GOODS AND SERVICES TAX AND CESS ON MODAL PREMIUM					4658
TOTAL PREMIUM (ROUNDED OFF TO THE NEAREST RUPEE)					105531

3.2 Frequency of Premium Payment ☐ Single ☒ Yearly ☐ Half - Yearly ☐ Quarterly ☐ Monthly

3.3 Premium Payment Term (Years) ☐ Full Policy Term ☒ Others 10

3.4 Plan option* ☐ Life ☐ Life Plus ☐ Life Secure

3.5 Payout option* ☐ Immediate Payout ☐ Level Recurring Payout ☐ Increasing Recurring Payout 3.6 Step Up Option* ☐ Yes ☐ No

3.7 For Kotak Premier Life Plan, please tick either of the bonus option ☒ Cash Payout ☐ Paid-Up Additions

*Applicable for Kotak e-Term Plan. Step Up Option is only available under regular premium payment option. *For Kotak e-Term, for existing customers, the 1st year premium above is with a discount of 5% and the same shall not be available from 2nd year onwards. @Applicable only for Kotak Income Protection Plan.

4A. FUND DETAILS : FOR UNIT LINKED PLANS ONLY

4A.1 Please ☒ any one Investment Strategy option you want to opt for: ☐ Self Managed Strategy ☐ Systematic Switching Strategy (SSS)* ☐ Age Based Strategy
☐ Combination of Self-Managed and Systematic Switching Strategy (available only with Kotak Invest Maxima)

a. If Age Based Strategy is opted, please select your Risk Appetite (Any one) : ☐ Aggressive ☐ Moderate ☐ Conservative

b. If any other Strategy has been chosen, please provide the fund details in the following table.

c. Please indicate your fund allocation below (Total must be equal to 100 %)

Strategy	Self Managed Strategy								Systematic Switching Strategy (SSS)*	Total
Funds	Classic Opportunities Fund	Frontline Equity Fund	Balanced Fund	Dynamic Bond Fund	Dynamic Gilt Fund	Money Market Fund	Dynamic Floating Rate Fund	Discovery Fund		
Allocation %										100 %

Note : For the Segregated Fund Identification Number (SFIN), please refer to product brochure / leaflet / Benefit Illustration / visit Kotak Life Insurance for the same.

d. If SSS has been chosen, specify the Fund Option (Any one) : ☐ Classic Opportunities Fund ☐ Frontline Equity Fund

e. If SSS is selected, do you wish to choose Systematic Exit Strategy (SES) : ☐ Yes ☐ No

4B. DETAILS FOR NON-UNIT LINKED PLANS ONLY (Subject to acceptance of risk by insurer)

4B.1 Do you want the policy to be backdated? ☐ Yes ☒ No

4B.2 If "Yes", specify backdated date

(Should not precede 1st April of current Financial Year)

and fill in corresponding age on Last Birthday (at that date)

APPLICATION NO.: **KP****5. DETAILS OF PROPOSAL DEPOSIT PAID**

5.1 MODE OF PAYMENT	<input type="checkbox"/> Cheque/DD <input type="checkbox"/> Cash (Should you choose to pay premiums by cash, you are advised to do so at the nearest Kotak Life Insurance		
5.2 CHEQUE / DD NO.	5.3 DATED	5.4 AMOUNT (in `)	5.5 DRAWN ON (Name of Bank and Branch)
		105531	OnlinePayment
5.6 IFSC CODE			

6. BANK DETAILS FOR DIRECT CREDIT OF BENEFITS/REFUNDS

6.1 BANK NAME	HDFC BANK	6.2 BANK BRANCH	VIJAYNAGAR BANGALURU	6.3 BANK CODE	001757
6.4 ACCOUNT NUMBER	50100043830754	6.5 NEFT/RTGS/IFSC CODE	HDFC0001757	6.6 MICR NO	560240060
6.7 ACCOUNT TYPE	Savings	6.8 CHEQUE COPY ENCLOSED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Note: The client undertakes the responsibility to intimate KLI regarding change in bank details. The claims arising under this policy will be settled through the above-mentioned Bank Account only.

7. PARTICULARS OF NOMINEE

PARTICULARS		NOMINEE	ADDITIONAL NOMINEE
7.1 CLIENT ID (As policyholder or Nominee/Appointee/Trustee etc.)			
7.2 Percentage of Share		100 %	
7.3 TITLE		<input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Master
7.4 FULL NAME	Surname	PODDER	
	First Name	MITHU	
	Middle Name		
7.5 NATIONALITY		<input checked="" type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS	<input type="checkbox"/> Indian <input type="checkbox"/> NRI/ PIO <input type="checkbox"/> OTHERS
7.6 GENDER		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
7.7 DATE OF BIRTH		13-01-1966	
7.8 CURRENT RESIDENTIAL ADDRESS	C/o or S/o or W/o		
	House/Flat No./Society		
	Street/Lane/Mohalla	FLAT -F3 2ND FLOOR	
	Landmark	BESIDE HDFC BANK	
	Area/Location	181 SANTOSH PUR AVENUE	
	Village/Taluka/Tehsil		
	City/District	KOLKATA Pin 700075	
State	West Bengal (India)		
7.9 RELATIONSHIP TO LIFE TO BE INSURED		Mother	

5 Applicable only if Proposer and Life to be Insured are the same. In case of more than 2 nominees, please fill in the Additional Nominee Form.

6 Please fill in the NRI / PIO Questionnaire.

8. PARTICULARS OF APPOINTEE / LEGAL GUARDIAN

8.1 TITLE	SURNAME	FIRST NAME	MIDDLE NAME
8.2 CLIENT ID (As policyholder or as Nominee/Appointee/Trustee etc.)		8.3 DATE OF BIRTH	8.4 RELATIONSHIP TO NOMINEE
8.5 CURRENT RESIDENTIAL ADDRESS			
Village/ District			
City	Pin	Land Mark	
		State	
8.7 GENDER	8.6 Signature/Thumb Impression of the Appointee		
<input type="checkbox"/> Male <input type="checkbox"/> Female			

7 Where the Nominee(s) is/are a minor.

9. DETAILS OF LIFE INSURANCE POLICIES HELD / PROPOSALS APPLIED FOR BY THE LIFE TO BE INSURED

9.1 Do you have any existing insurance policy (ies) or have you applied for any insurance policy (ies) at any time?					<input type="checkbox"/> Yes (If yes, please give details below) <input checked="" type="checkbox"/> No
9.2 Has any of your policy/ proposal (including riders) ever been rated-up/ postponed/ declined on application or revival?					<input type="checkbox"/> Yes (If yes, please give details below) <input checked="" type="checkbox"/> No
Policy/ Proposal No.	Company Name (including Kotak Life Insurance)	Sum Assured On Death	Acceptance Terms (Std./With Extra /Postponed / Declined /Not Completed)	Whether In Force/Lapsed (Mention year of Lapse/ Revival applied for)	

10. PERSONAL HEALTH DETAILS OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)

PARTICULARS	LIFE TO BE INSURED	PROPOSER (to be filled only if different)
10.1 HEIGHT	<input type="text"/> Cms OR <input type="text"/> feet <input type="text"/> inches	<input type="text"/> Cms OR <input type="text"/> feet <input type="text"/> inches
WEIGHT	<input type="text"/> Kgs	<input type="text"/> Kgs

APPLICATION NO.: **KP**

10.2A Have you Gained or Lost Weight (more than 10 kgs) in the last 1 year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please specify Gain <input type="text"/> Kgs OR Loss <input type="text"/> Kgs	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify Gain <input type="text"/> Kgs OR Loss <input type="text"/> Kgs
10.2B If Yes, please specify reason for Gain/Loss				
10.3 LIFESTYLE DETAILS OF THE LIFE TO BE INSURED				
	CURRENT USAGE		PAST USAGE	
	Current Usage	If YES, form of consumption	Since When	average usage per day
Tobacco	No			
Alcohol	No			
Any Narcotics (For medical/ recreational purposes)	No		0	

* 1 Unit = half pint beer / 1 glass of wine / 1 measure of spirits.

11. MEDICAL HISTORY OF THE LIFE TO BE INSURED AND PROPOSER (Details for Proposer to be filled when there is Sum at Risk on Proposer's life)

	LIFE TO BE INSURED	PROPOSER
11.1 Have you ever suffered from, received/receiving treatment or advice for any of the following conditions, diseases or impairments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Any cancer, tumour, cyst or unusual growth? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) High blood pressure (hypertension), low blood pressure (hypotension), diabetes, raised cholesterol, stroke, chest pain? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Any cardiovascular diseases/ disorders, coronary artery disease or any form of heart ailment or rheumatic heart disease etc.? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Any respiratory diseases/ disorders like asthma, bronchitis, pulmonary TB, lung ailment, etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Any genitourinary diseases / disorders like calculus of kidney/ ureter, acute chronic kidney diseases etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Any digestive system disease/ disorders like ulcers, haemorrhoids, diseases of gall bladder or intestine etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Epilepsy, mental or nervous disorder including depression? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) HIV infection, AIDS related or any other sexually transmitted disease? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Any other disorder/ disease not mentioned above? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2 In last 3 years :		
a) Have you remained absent from work for at least 10 consecutive days or admitted in hospital for at least 5 consecutive days for any illness, injury or disorder? (Please ignore normal pregnancy) -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you been treated or are currently undergoing or have been advised treatment from a doctor or specialist or undergone any cardiological, radiological or pathological tests (excluding routine health check-ups not being follow ups)? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.3 Do you have any physical deformity or mental ailment, blindness, deafness, mutism etc? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.4 Have you ever had persistent fever, unexplained infection or swollen glands in the last one year? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.5 Have you ever been diagnosed with any form of congenital anomalies? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.6 Are you currently receiving or considering receiving medical attention or taking any prescribed drugs? -----	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.7 For Females Lives Only		
i) Are you currently pregnant? (If yes, please mention the month of pregnancy) Months -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii) Have you ever suffered from or are currently suffering from any complication of pregnancy? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) Have you ever suffered from or suffering or are currently suffering any diseases of breast / uterus / cervix? -----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.8 If your answer is "Yes" to any of the above questions kindly give details		

12. FAMILY HISTORY OF THE LIFE TO BE INSURED

	LIVING		DECEASED			LIVING		DECEASED	
	AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH		AGE	STATE OF HEALTH	AGE AT DEATH	CAUSE OF DEATH
Father	62	Normal			Children				
Mother	54	Normal			Sister/ Brother(s)				
Spouse									
Children									

12.2A Have your parents / brothers / sisters / spouse / children ever suffered from or died of heart disease, stroke, high blood pressure, diabetes mellitus, any form of eye disease, cancer, kidney disease or paralysis, or any hereditary / familial disorders, tuberculosis, or any contagious diseases such as hepatitis, AIDS / HIV etc.? ☐ Yes ☒ No

12.2B If your answer is 'Yes' to the above question, kindly give details:

13. DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR BY HIS/HER LEGAL GUARDIAN

I/We declare that I/we have answered the questions in the Proposal Form after having fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We also hereby declare that the answers given by me/us to all the questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Life Insurance Company Ltd. ("the Company") of any change in the state of health of the life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this proposal form and before the acceptance of the risk by the Company. I/We hereby consent to the Company seeking information and any reports from any doctor(s) including hospital - who at any time may have attended to me/us concerning anything, which affects my/our physical or mental health.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I agree to undergo all medical tests including blood tests involving HIV antibodies required by the Company's Underwriting policy for obtaining the policy.

Please paste latest self-signed photograph of the Proposer

KP

APPLICATION NO.: **KP**

E. Are you related to the Life to be Insured and Proposer? (If Yes, pls. mention the relationship & provide an MHR from Sales Manager)

☐ Yes ☐ No ☐ Yes ☐ No

F. What is the purpose of taking insurance?

G. Are you satisfied with the Financial condition and income earning capacity of the Life to be insured /

☐ Yes ☐ No ☐ Yes ☐ No

H. Does the Life to be insured/ proposer have the capacity to pay premium for the entire Premium paying term

☐ Yes ☐ No ☐ Yes ☐ No

I. Are you aware of any illness, impairment, adversity or physical or mental abnormality which the Life to be insured is suffering from?

☐ Yes ☐ No ☐ Yes ☐ No

J. Have you explained the Product features, benefits & the premium paying term for the plan applied by the client?

☐ Yes ☐ No ☐ Yes ☐ No

K. Is there any other additional information you would like to provide?

☐ Yes ☐ No ☐ Yes ☐ No

L. Do you recommend the proposal for insurance?

☐ Yes ☐ No ☐ Yes ☐ No

Name of the Advisor

Dated

12-09-2020

Place:

16. DECLARATION BY THE LIFE ADVISOR / CORPORATE AGENT / BROKER / RELATIONSHIP OFFICER (please cancel what is not applicable and fill all details)

I, _____ (Full Name) in my capacity as the Life Advisor / Specified Person of the Corporate Agent/Authorised Employee of the Broker/ Relationship Officer, do declare that I have explained all the contents of this proposal form, including the nature of the questions contained in this proposal form to the proposer. I have also explained that the statement(s), information and response(s) submitted by him/her in this proposal form to questions contained herein or any details sought herein will form the basis of the contract of insurance between the Company and the proposer, if this proposal is accepted by the Company for issuance of a policy. Based on my interaction with the proposer and/or the documents and records that I have been supplied with, I have no information, which suggests that any of the statement(s), information and response(s) supplied by the proposer or the life to be insured is/are incomplete or untrue.

Licence No. (Life Advisor/Corporate Agent/Broker/Relationship Officer)

Agent ID

(Life Advisor/Corporate Agent/Broker/Relationship Officer)

60856744

Place

Date

12-09-2020

Telephone No

(Signature of the Life Advisor/Specified Person of Corporate Agent
Authorised Employee of Broker/Relationship Officer)



Koi hai... hamesha

APPLICATION NO.:

KP**ACKNOWLEDGEMENT FOR FRESH PROPOSAL***

(Any cash payment should only be made at the cash counter of nearest Kotak Life Insurance branch.)

Agent ID (Life Advisor/Corporate

Date:

12-09-2020

Agent/

Broker/Relationship Officer)

Received from Mr./Ms.

the proposal for Life Insurance with Kotak Mahindra Life Insurance

Company Limited along with

by way of Cheque**/DD** no.

Dated

Drawn On

Bank,

Branch OR

by way of Cash Deposit Dated

with Kotak Life Insurance

Branch.

Date:

12-09-2020

Place:

NAME

SIGNATURE

(Name and Signature of the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker / Relationship Officer)

* Please note that, this acknowledgement does not in any way constitute acceptance or commencement of risk.

** All cheques/demand draft should be crossed and drawn in favour of "KOTAK LIFE INSURANCE" OR "Kotak Mahindra Life Insurance Company Ltd.".

FOR OFFICE USE ONLY**CHECKED BY**

NAME OF SALES MANAGER	NAME OF SALES ASSOCIATE	PROMOTION CODE	NAME OF BOI
SALES MANAGER ID	SALES ASSOCIATE ID	null	BRANCH NAME
12-09-2020	12-09-2020	12-09-2020	12-09-2020
SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES MANAGER	SIGNATURE OF SALES ASSOCIATE	SIGNATURE OF BOI

Kotak Mahindra Life Insurance Company Ltd.

(Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)

IRDAI Regn. No. 107, CIN : U66030MH2000PLC128503,

Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.

<http://insurance.kotak.com/>

PF01-0802-ENG-PRN/80K/JUL/14

FOR YOUR REFERENCE

1. This is an acknowledgement by the Life Advisor/Specified person of Corporate Agent/Authorised Employee of Broker/Relationship Officer of having received the Proposal Form. This is not a receipt issued by Kotak Mahindra Life Insurance Company Limited.
2. Kotak Mahindra Life Insurance Company Limited shall issue a proposal deposit receipt (PDR) on receiving the completed proposal form with the cash / cheque / demand draft at its branch office.
3. In case of non-receipt of your PDR or for any clarification, kindly contact nearest Branch of Kotak Life Insurance.
4. For further assistance, do write to us at clientservicedesk@kotak.com.



TOLL FREE 1800 209 8800

SMS KLIFE to 5676788

clientservicedesk@kotak.com
<http://Insurance.kotak.com>

Kotak Mahindra Life Insurance Company Ltd.
(Formerly known as Kotak Mahindra Old Mutual Life Insurance Ltd.)
IRDAI Regn. No. 107, CIN : U66030MH2000PLC128503,
Regd. Office: 2nd Floor, Plot # C-12, G-Block, BKC, Bandra (E), Mumbai - 400 051.
<http://insurance.kotak.com/>



For Office Use Only (w.e.f. Jan 20 / Ver 1.0)

Illustration No: KSLP-2946M-4811-Y99

Quotation Number: BB120920113155795

Proposal No:

Policy No:

Name of the Prospect/Policyholder	Mr. ARUNANGSHU PODDER
Age of the Prospect/Policyholder(in yrs)	29
Name of Life Assured	Mr. ARUNANGSHU PODDER
DOB of Life Assured	24 June 1991
Age of the Life Assured (in yrs)	29
Gender of the Life Assured	Male
Policy Term(in yrs)	46
Premium Payment Term(in yrs)	10
Amount of installment Premium(in Rs.)	99,988
Mode of Payment of Premium	Yearly

Name of the Product	Kotak Smart Life Plan
Tag Line	A Limited Pay Non-Linked Participating Life Insurance plan
Unique Identification No	UIN: 107N102V02
Base Goods and Services Tax and Cess Rate (GST)(1st Year)	4.5%
Base Goods and Services Tax and Cess Rate(GST)(2nd Year)	2.25%
Rider Goods and Services Tax and Cess Rate(GST)	18%
Back-dation Option Chosen(Yes/No)	No
If Yes, Back-dation Date	Not Applicable
Agent's Branch Location	West Bengal
Prospect/Policyholder's Current Location	West Bengal
Sales Channel	Individual Agent

How to read and understand this Benefit Illustration?

This Benefit Illustration is intended to show year-wise premiums payable and benefits under the policy, at two assumed rates of interest i.e. 8% p.a. and 4% p.a.

"Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your insurer carrying on life insurance business. If your policy offers guaranteed benefits then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable benefits then the illustrations on this page will show two different rates of assumed future investment returns, of 8% p.a. and 4% p.a. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back as the value of your policy is dependent on a number of factors including future investment performance."

POLICY DETAILS

Policy Option	Base	Sum Assured (Rs.)	9,40,000
Bonus Type	Cash Pay Out	Sum Assured on Death (at inception of the policy) (Rs.)	10,99,868
Cash Payout Frequency	Monthly		

Quotation Number:BB120920113155795

Rider Details				
Rider Name	Rider Sum Assured	Rider Policy Term	Rider Premium Paying Term	Rider Premiums(Rs.)
Kotak Accidental Death Benefit Rider (UIN: 107B001V03)	Not Selected			
Kotak Permanent Disability Benefit Rider (UIN: 107B002V03)	5,00,000	40	10	525
Kotak Term Benefit Rider (UIN: 107B003V03)	Not Selected			
Kotak Life Guardian Benefit Rider (UIN: 107B012V02)	Not Selected			
Kotak Accidental Disability Guardian Benefit Rider (UIN: 107B011V02)	Yes	10	10	360
Kotak Critical Illness Plus Benefit Rider (UIN:107B020V01)	Not Selected			
Note: Rider Premiums will have to be paid additionally				

PREMIUM SUMMARY			
	Base Plan Premium (Rs.)	Total Rider Premium (Please refer Rider Details table)(Rs.)	Total Instalment Premium (Rs.)
Installment Premium (without GST)	99,988	885	1,00,873
Installment Premium(with First Year GST)	1,04,487	1,044	1,05,531
Installment Premium(with GST,Second Year onwards)	1,02,238	1,044	1,03,282

(Amount in Rupees.)

BENEFIT ILLUSTRATION TABLE															
End of Policy Year	Age of Life Assured	Annualized Premium	Guaranteed Benefits			Non-Guaranteed Benefits (S4) (S4a)			Non-Guaranteed Benefits (S5) (S5a)			Total Benefits including Guaranteed and Non-Guaranteed Benefits			
			Surrender Benefit	Death Benefit ¹	Maturity Benefit ³	Cash Payoff ⁴	Accrued Paid-Up Additions ⁴	Surrender Benefit	Cash Payoff ⁴	Accrued Paid-Up Additions ⁴	Surrender Benefit	Maturity Benefits		Death Benefits	
												Total Maturity Benefit, incl. Terminal Bonus, if any (S4) (S4a)	Total Maturity Benefit, incl. Terminal Bonus, if any (S4) (S4a)	Total Death Benefit, incl. Terminal Bonus, if any (S4) (S4a)	Total Death Benefit, incl. Terminal Bonus, if any (S4) (S4a)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	30	99,988	0	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
2	31	99,988	59,963	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
3	32	99,988	1,04,907	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
4	33	99,988	1,59,976	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
5	34	99,988	2,14,970	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
6	35	99,988	2,69,964	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
7	36	99,988	3,24,959	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
8	37	99,988	3,79,942	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
9	38	99,988	4,34,920	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
10	39	99,988	4,89,916	10,99,988	0	17,390	0	0	30,315	0	0	0	0	10,99,988	10,99,988
11	40	0	7,59,904	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,13,310	13,78,014
12	41	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,14,532	14,03,300
13	42	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,15,754	14,28,586
14	43	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,16,976	14,53,872
15	44	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,18,198	14,79,158
16	45	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,19,420	15,04,444
17	46	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,20,642	15,29,730
18	47	0	8,99,952	10,99,988	0	17,390	0	0	30,315	0	0	0	0	11,21,864	15,55,016

Note: Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards riders, if any, and Goods & Services Tax and Cess. Refer Sales Literature for explanation of terms used in this illustration

* Surrender Benefit consists of the guaranteed and non-guaranteed part of Guaranteed Surrender Value. In addition to this, Terminal Bonus (if any), Interim Bonus (if any) may be payable as a part of Guaranteed Surrender Value. However, Total Applicable Survival Benefit shall be deducted from the Guaranteed Surrender Value. Please refer Terms & Conditions no. 5 mentioned below for more details.

(Amount in Rupees.)

BENEFIT ILLUSTRATION TABLE															
End of Policy Year	Age of Life Assured	Annualized Premium	Guaranteed Benefits			Non-Guaranteed Benefits (S4) % a.			Non-Guaranteed Benefits (S5) % a.			Total Benefits including Guaranteed and Non-Guaranteed Benefits			
			Surrender Benefit	Death Benefit ¹	Maturity Benefit ³	Cash Payoff ⁴	Accrued Paid-Up Additions ⁴	Surrender Benefit	Cash Payoff ⁴	Accrued Paid-Up Additions ⁴	Surrender Benefit	Maturity Benefits		Death Benefits	
												Total Maturity Benefit, incl. Terminal Bonus, if any (S4) % (S4+16)	Total Maturity Benefit, incl. Terminal Bonus, if any (S4) % (S4+16)	Total Death Benefit, incl. Terminal Bonus, if any (S4) % (S4+16)	Total Death Benefit, incl. Terminal Bonus, if any (S4) % (S4+16)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
19	48	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,23,086	15,80,302
20	49	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,24,308	16,05,588
21	50	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,25,530	16,30,874
22	51	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,26,752	16,56,160
23	52	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,27,974	16,81,446
24	53	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,29,196	17,06,732
25	54	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,30,418	17,32,018
26	55	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,31,640	17,57,304
27	56	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,32,862	17,82,590
28	57	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,34,084	18,07,876
29	58	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,35,306	18,33,162
30	59	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,36,528	18,58,448
31	60	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,37,750	18,83,734
32	61	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,38,972	19,09,020
33	62	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,40,194	19,34,306
34	63	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,41,416	19,59,592
35	64	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,42,638	19,84,878
36	65	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,43,860	20,10,164

Note: Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards riders, if any, and Goods & Services Tax and Cess. Refer Sales Literature for explanation of terms used in this illustration

* Surrender Benefit consists of the guaranteed and non-guaranteed part of Guaranteed Surrender Value. In addition to this, Terminal Bonus (if any), Interim Bonus (if any) may be payable as a part of Guaranteed Surrender Value. However, Total Applicable Survival Benefit shall be deducted from the Guaranteed Surrender Value. Please refer Terms & Conditions no. 5 mentioned below for more details.

BENEFIT ILLUSTRATION TABLE															
End of Policy Year	Age of Life Assured	Annualized Premium	Guaranteed Benefits			Non-Guaranteed Benefits (SI) (a)			Non-Guaranteed Benefits (SI) (b)			Total Benefits including Guaranteed and Non-Guaranteed Benefits			
			Surrender Benefit	Death Benefit ¹	Maturity Benefit ³	Cash Payout ⁴	Accrued Paid-Up Additions ⁴	Surrender Benefit	Cash Payout ⁴	Accrued Paid-Up Additions ⁴	Surrender Benefit	Maturity Benefits		Death Benefits	
												Total Maturity Benefit, incl. Terminal Bonus, if any (SI) (c) (6+7+8)	Total Maturity Benefit, incl. Terminal Bonus, if any (SI) (c) (6+7+8)	Total Death Benefit, incl. Terminal Bonus, if any (SI) (d) (9+10)	Total Death Benefit, incl. Terminal Bonus, if any (SI) (d) (9+10)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
37	66	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,45,082	20,35,450
38	67	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,46,304	20,60,736
39	68	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,47,526	20,86,022
40	69	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,48,748	21,11,308
41	70	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,49,970	21,36,594
42	71	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,51,192	21,61,880
43	72	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,52,414	21,87,166
44	73	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,53,636	22,12,452
45	74	0	8,99,862	10,99,863	0	17,390	0	0	30,315	0	0	0	0	11,54,858	22,37,738
46	75	0		10,99,863	9,40,000	17,390	0		30,315	0		10,13,602	21,33,471	11,56,080	22,63,024

Note: Annualized Premium excludes underwriting extra premium, frequency loadings on premiums, the premiums paid towards riders, if any, and Goods & Services Tax and Cess. Refer Sales Literature for explanation of terms used in this illustration

* Surrender Benefit consists of the guaranteed and non-guaranteed part of Guaranteed Surrender Value. In addition to this, Terminal Bonus (if any), Interim Bonus (if any) may be payable as a part of Guaranteed Surrender Value. However, Total Applicable Survival Benefit shall be deducted from the Guaranteed Surrender Value. Please refer Terms & Conditions no. 5 mentioned below for more details.

Terms & Conditions:

1. This is a Limited Pay participating endowment plan. The illustration stated is for a healthy individual and under the assumption that this is the only policy the client has with Kotak Life Insurance and would be subject to underwriting.
2. Death Benefit will be Sum Assured on death PLUS Terminal Bonus(if any) PLUS Interim Bonus (if any) as on the date of death PLUS Present Value of outstanding monthly cash bonus payout, if any, for the remaining month(s) in the policy year, in which death occurred;
Where Sum Assured on death is higher of:
 - a) 11 times of Annualised Premium (including extra premium, if any) OR
 - b) Basic Sum Assured OR
 - c) 105% of all premiums paid (excluding any extra premium, any rider premium and taxes) till the date of death

For more details, please refer the sales brochure.

3. Maturity benefit will be sum of Basic Sum Assured PLUS Cash Bonus, if any, PLUS Terminal bonus, if any.
4. Policy holder has chosen to take monthly cash bonus payout. First such monthly cash bonus payout, if any, will start on the policy anniversary where corresponding yearly cash bonus, if any, is due.
This monthly cash bonus payout will be:
Monthly cash bonus payout = $102.25\% \times \text{yearly cash bonus payout shown in the Benefit Illustration table above}/12$.
The cash bonus payout, if any, due at maturity will be paid in lumpsum.
5. The policy acquires a Guaranteed Surrender Value (GSV) after payment of full premiums for two consecutive Policy years.
The Guaranteed Surrender Value (GSV) is a percentage of total premiums paid (excluding any extra premium, any rider premium and taxes). In addition, interim bonus (if any) and Terminal Bonus (if any) will also be payable. Total Applicable Survival Benefit shall be deducted from the Guaranteed Surrender Value.
Total Applicable Survival Benefit is defined as Cash Bonus including interim bonus, if any, paid till date under Cash Payout Option.
Guaranteed Surrender Value cannot be less than zero.
The Company may consider paying a Special Surrender Value after policy acquires Guaranteed Surrender Value. In any case, higher of the Guaranteed Surrender Value or Special Surrender Value will be payable.

For more details, please refer the sales brochure.

6. The policy is automatically made Reduced Paid-Up where policy has acquired Surrender Value and due premiums are not received within the grace period. Reduced Paid-Up policies shall not be eligible for the future Cash Bonus . Rider Benefits, if attached to the base policy, may be made Reduced Paid-Up depending on the features of the Rider.
The Basic Sum Assured is reduced to Reduced Paid-Up Basic Sum Assured as follows:
 $\text{Reduced Paid-Up Basic Sum Assured} = \text{Basic Sum Assured} \times [(\text{Total Premiums paid} / \text{Total premiums payable over the term})]$
The Sum Assured on death mentioned above is reduced to Reduced Paid-Up Sum Assured on death as follows:
 $\text{Reduced Paid-Up Sum Assured on death} = \text{Sum Assured on death as at the date of paid-up} \times [(\text{Total Premiums paid} / \text{Total premiums payable over the term})]$
7. A lapsed or a Reduced Paid-Up policy can be reinstated for full benefits on revival within five years of the first unpaid premium. The revival can be done without evidence of good health on payment of the outstanding premiums with late payment charges, if the payment is made within six months from the date of first unpaid premium. Thereafter to revive the policy, evidence of good health would be required along with payment of the outstanding premiums with late payment charges.
8. The above illustrated benefits are derived on the basis of details of life insured provided at the time of filling the proposal form. If the details are found inaccurate or there are any changes before or at the time of the policy issuance for eg: change in age, the illustrated benefits will be subject to revision.
9. Goods and Services Tax & Cess, as applicable shall be levied at the applicable Tax rates in accordance with the prevailing Tax Laws. Prevailing tax laws are applicable on this policy which may vary from time to time
10. The values shown herein are for illustrative purposes only. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.
11. TDS at prevailing rate will be deducted from any amount paid under a life insurance policy subject to the provisions of prevailing tax laws. In case of non-availability of valid PAN, TDS will be deducted at higher rate. Tax laws are subject to changes from time to time. Kindly consult your tax advisor for tax implication of your policy.

Quotation Number:BB120920113155795

Section 41 of the Insurance Act, 1938 states

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

I, _____(Name), have explained the premiums and benefits under the product fully to the prospect /policyholder.

Place : _____

Date : 12-Sep-2020 Signature of Agent /Intermediary/Official

I, Mr. ARUNANGSHU PODDER (Name), having received the information with respect to the above, have understood the above statement before entering into the contract.

(Accepted vide a declaration (Customer Declaration Form) signed by him/her)

Place : _____

Date : 12-Sep-2020 Signature of Prospect/Policyholder

Kotak Mahindra Life Insurance Company Limited.

CIN: U66030MH2000PLC128503

Regd. Off: 2nd Floor, Plot # C- 12, G- Block, BKC, Bandra (E), Mumbai - 400051

Regn. No: 107. Toll Free No.: 1800 209 8800. Website: <http://insurance.kotak.com>



Koi hai... hamesha

APPENDIX-1

DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I/We ARUNANGSHU PODDER request you to accept Proposal Reference Number 74398169 for KOTAK SMART LIFE submitted by me/us on Digital Application of Kotak Mahindra Life Insurance Company Ltd. during my meeting with your relationship manager Arunangshu Podder bearing license No. 60856744.
I/We declare that I/we have read and understood the product features, benefits, risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochure(s).
I/We also acknowledge having read Benefit Illustration No. BB120920113155395 confirming my/our understanding of the plan for which this Application is being submitted.
I/We hereby confirm that Mr./Mrs. Shrimley has duly filed the details in the Proposal on the Digital Application in my/our presence and on my/our instructions.

I/We ARUNANGSHU PODDER (name of Life in case different from Proposer) declare that I/we have answered the questions in the Proposal truthfully after having fully understood the importance thereof. I/We acknowledge that the information stated in the Application with regard to Life to be Insured's health history has/tutor any treatment taken in the past 10 years (or more than 5 days due to any disease/illness) and the same is true and correct and I/We have duly checked and verified the same and that I/We have not withheld any material information or suppressed any fact.

I/we understand and agree that by submitting the Application and addendums, if any, I/we will be bound by such statements/disclosures of material facts in the same manner and to the same extent as I/we have agreed and submitted a written proposal for Life Insurance to KIL.

I/We also undertake to notify KIL of any change in the state of health of the Life to be insured or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of the Application and before the acceptance of the risk by KIL.

I/We hereby grant consent to KIL for seeking information and reports from any doctor(s) including hospital who at any time may have attended to the Life to be insured concerning anything which relates to the Life to be insured (or physical/mental health). I also irrevocably authorize KIL to approach me by making telephone calls or through other means in connection with this policy or otherwise. I further authorize KIL to share the details of my Policy with Govt. authorities, other Insurance Companies, Credit Information Companies or other entities.

I/we further grant consent to KIL to register my personal demographic details from Unique Identification Authority of India (UIDAI) on the basis of Aadhar No. provided by me/us in the above mentioned Proposal submitted by me/us on Digital Application of KIL and use the same for all purposes in connection with the said Proposal or the Policy issued pursuant thereto.

I/We agree to abide by the provisions of S. 47 of Insurance Act, 1938. I/We also agree that in case of misstatement of fact, fraud, misrepresentation or suppression or non-disclosure of material fact by me/us, KIL reserves the right to cancel the Policy or declare the Policy as null and void in accordance with Section 45 of the Insurance Act, 1938.

I/We, being customers of Kotak Mahindra Bank (KMB), in case of a mismatch between my/our details as provided from my Kotak Bank CRN and those available in Kotak Life, I/we give consent to Kotak Life to use the data provided from Kotak Bank CRN for the purpose of this policy as well as for existing Kotak Life Policies.

DECLARATION FOR PRODUCT SUSTAINABILITY
I/We hereby confirm that I have gone through product sustainability questionnaire. I also confirm that product selected by me for insurance is with complete understanding of all its features, benefits, premium and associated costs.

DECLARATION FOR ONLINE TRANSACTION RIGHTS
I have read the terms and conditions of registration on Kotak Life Insurance website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I grant transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance. I hereby authorize Kotak Life Insurance to make call/send SMS to me in relation to any transactions or servicing pertaining to my proposal/policy, despite a contrary preference indicated by me under TRAI Regulations.

Declaration for MOP
I/Proposer shall have the right to appoint new trustee(s) by revoking the appointment of the existing Trustee(s). Further, I agree that no loan can be granted against security of this Policy. However, the Trustee(s) with the consent of the Beneficiary(ies) can make a request for loan for the use/benefit of Beneficiary(ies).

DISPOSABLE INCOME STATEMENT
Photograph (front view), two most recent original documents have been taken and uploaded in the Digital Application in my presence by the agent above named.

1. Proof of Identity: PAN - COAPP5390C
2. Proof of permanent residence: ADHAAR CARD-0000 0000 0000 8054
3. Proof of current residence: Subsidized
4. Proof of Income: Subsidized
5. Source of earnings: Subsidized

☐ RATIO ACTS applicable to you.

☐ Not applicable. I am a resident Indian.

☐ Not applicable. I confirm that I have provided all relevant details, and read and understood all terms and conditions in the KIL Genie digital sales application and I agree to it.

Signature of Agent and Seal of representative agent. Signature of Life to be Insured

Signature of Proposer Date 14/9/2020
Place KOLKATA

Signature of Life to be Insured Date 12/9/2020
Place KOLKATA

Signature of Trustee Date _____
Place _____

Signature of Trustee Date _____
Place _____

60856744
Life Agent ID Date 12/9/2020
Place KOLKATA

Agent has read the original AAD, PAN & KYC documents
(To be signed by authorized KIL employee)
Date 14/9/2020
Place KOLKATA

60426648
KIL Life Agent ID

SCRIBE DETAILS - Declaration by the person filing in this Customer Declaration Form ("CDF") (Applicable only where the declaration is filed in by the scribe or signed in vernacular language)
I/We ARUNANGSHU PODDER have explained to the applicant, the contents of this CDF and the proposal form submitted through the Digital Application of KIL. I/We confirm that the applicant has signed/affixed his/her right thumb impression in my presence.

Name's relationship with Applicant _____ Mobile No. _____
Address of Scribe _____

Signature of Scribe Date _____
Place _____

Signature of Applicant Date _____
Place _____



Koi hai... hamesha

APPENDIX-1 DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I/We ARUNANG-SHU PODDER request you to accept Proposal Reference Number 74398163 for KOTAKSMART LIFE submitted by me/us on Digital Application of Kotak Mahindra Life Insurance Company Ltd. during my meeting with your relationship manager ANURAG KUMAR (working name for) 60856344.
I/We declare that I/we have read and understood the product features, benefits, risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I/we also acknowledge having read benefit illustration No. 0012001113155105 confirming my/our understanding of the plan for which this Application is being submitted. I/We hereby confirm that Mr./Mrs. Sunil K. S. has duly filled the details in the Proposal on the Digital Application in my/our presence and in my/our instructions.

I/We ARUNANG-SHU PODDER (name of Life) in case different from Proposer declare that I/we have answered the questions in the Proposal truthfully after having fully understood the importance thereof. I/We also declare that the information stated in the Application with regard to Life to be insured's health history and/or any treatment taken in the past/forthcoming for more than 5 days due to any disease/illness and the same is true and correct and I/We have duly checked and verified the same and that I/We have not withheld any material information or suppressed any fact.
I/we understand and agree that by submitting the Application and attaching it, if any, I/we will be bound by such statements/disclosures of material facts in the same manner and to the same extent as if I/we have signed and submitted a written proposal for Life insurance to KIL.
I/We also undertake to notify KIL of any change in the state of health of the Life to be insured or as to further occupation or any decisions about further existing policies or proposals subsequent to the signing of the Application and before the acceptance of the Life by KIL.

I/We hereby grant consent to KIL for seeking information and any reports from any doctors (including hospital where at any time may have attended) to the Life to be insured concerning anything which affects the Life to be insured's physical or mental health. I also irrevocably authorize KIL to approach me by making telephone calls or through other means in connection with this policy or otherwise. Further, I authorize KIL to share the details of my Policy with (i) just authorities, other insurance companies, credit information companies or other entities.

I/we further authorize KIL to obtain my/our demographic details from Unique Identification Authority of India (UIDAI) on the basis of Aadhar No. provided by me/us in the above mentioned Proposal submitted by me/us on Digital Application of KIL and use the same for all purposes in connection with the said Proposal or the Policy issued pursuant thereto.

I/We agree to abide by the provisions of S. 47 of Insurance Act, 1938. I/We also agree that in case of misstatement of facts leading to non-disclosure or suppression of material fact by me/us, KIL reserves the right to cancel the Policy or declare the Policy as null and void in accordance with Section 47 of the Insurance Act, 1938.

For existing customers of Kotak Mahindra Bank (KMBL), in case of a mismatch between my/our details pre-filled from my Kotak Bank CRM and those available in Kotak Life, I/we give consent to Kotak Life to use the data provided from Kotak Bank CRM for the purpose of this policy as well as all existing Kotak Life Policies.

DECLARATION FOR PROPOSER'S SIGNATURE
I hereby confirm that I have gone through product suitability questionnaire. I also confirm that product selected by me for insurance is with complete understanding of all its features, benefits, premium and has been selected with


DECLARATION FOR ONLINE TRANSACTION RIGHTS
I have read the terms and conditions of registration on Kotak Life Insurance Website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance. I hereby authorize Kotak Life Insurance to make (all or some SUTs) to me in relation to my transactions or services pertaining to my proposal/policy, despite a contrary preference indicated by me under RAIR Regulations.

Declaration for MWP
I (proposer) shall have the right to appoint new trustees by revoking the appointment of the existing Trustee(s). Further, I agree that no loan can be granted against security of this Policy. However, the Trustee(s), with the consent of the Beneficiary/Guardian, can make a request for loan for the use/benefit of Beneficiary.

ORIGINAL SIGN AND VERIFIED
Photograph of my/our below mentioned original documents have been taken and uploaded on the Digital Application in my presence by the agent above named.

1. Proof of Identity: PAN - CAPP5306
2. Proof of permanent residence: ADHAR CARD-8888 8888 8888 8054
3. Proof of current residence: Self-declared
4. Proof of income: Self-declared
5. Source of earnings: Self-declared


IN FATHER'S APPLICATION TO JOIN:
☒ Yes, it is not applicable. I am a resident Indian.
☐ Yes, it is applicable. I confirm that I have provided all relevant details, and read and understood all terms and conditions in the KIL General Guidelines Application and I agree to it.


Signature of specified person & Seal of broker/agent / Signature of Life Advisor

Signature of specified person & Seal of broker/agent / Signature of Life Advisor

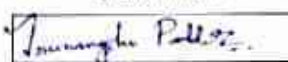
SCRIBE DETAILS - Declaration by the person filling in this Customer Declaration Form ("CDF") (Applicable only where the declaration is filled in by the scribe or signed in vernacular language)
I, ARUNANG-SHU PODDER have explained to the applicant, the contents of this CDF and the proposal form submitted through the Digital Application of KIL. I also confirm that the applicant has signed/affixed his/her right thumb impression in my presence.

Scribe's relationship with Applicant: None Mobile No: None
Address of Scribe: None

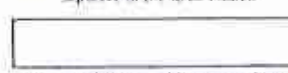

Signature of Scribe


Signature of Proposer

Date: 14/9/2020
Place: KOLKATA


Signature of Life to be Insured

Date: 12/9/2020
Place: KOLKATA


Signature of Beneficiary or Minor

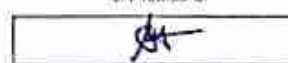
Date: None
Place: None


Signature of Trustee

Date: None
Place: None

60856344
Life Advisor ID

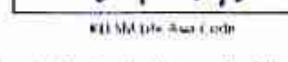
Date: 12/9/2020
Place: KOLKATA


Seen & verified the original AML & KYC documents
(To be signed by authorized KIL employee)

Date: 12/9/2020
Place: KOLKATA

60926698
KIL MFLife Assurance

KIL MFLife Assurance


Signature of Applicant

Date: None
Place: None

APPENDIX 1 DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I, the ARUNANESHU PDDOK request you to accept Proposal Reference Number 74598163 submitted by me on my Digital Application of Kotak Mahindra Life Insurance Company Ltd. During my meeting with you, I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

While submitting this Declaration, I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

I hereby confirm that I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

I hereby confirm that I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

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Koi hai... hamesha

APPENDIX-1 DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I/We ARUNANG-SHU PODDER request you to accept Proposal Reference Number 74398163 for KOTAKSMART LIFE submitted by me/us on Digital Application of Kotak Mahindra Life Insurance Company Ltd. during my meeting with your relationship manager ANURAG KUMAR (bearing license No. 60856344).
I/We declare that I/we have read and understood the product features, benefits, risk factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I/We also acknowledge having read benefit illustration No. 0012002113155105 confirming my/our understanding of the plan for which this Application is being submitted. I/We hereby confirm that Mr./Mrs. Sunil K. S. has duly filled the details in the Proposal on the Digital Application in my/our presence and in my/our instructions.

I/We ARUNANG-SHU PODDER (name of I/- in case different from Proposer) declare that I/we have answered the questions in the Proposal truthfully after having fully understood the importance thereof. I/We also declare that the information stated in the Application with regard to life to be insured's health history and/or any treatment taken in the past thirty (30) days due to any disease/illness and the same is true and correct and I/We have duly checked and verified the same and that I/We have not withheld any material information or suppressed any fact.

I/we understand and agree that by submitting the Application and attaching it, if any, I/we will be bound by such statements/disclosures of material facts in the same manner and to the same extent as if I/we have signed and submitted a written proposal form for insurance to KIL.

I/We also undertake to notify KIL of any change in the state of health of the life to be insured or as to further occupation or any decisions about further existing policies or proposals subsequent to the signing of the Application and before the acceptance of the risk by KIL.

I/We hereby grant consent to KIL for seeking information and any reports from any doctors (including hospital where at any time may have attended) to the life to be insured concerning anything which affects the life to be insured's physical or mental health. I also irrevocably authorize KIL to approach me by making telephone calls or through other means in connection with this policy or otherwise. Further, I authorize KIL to share the details of my Policy with (i) just authorities, other insurance companies, credit information companies or other entities.

I/we further authorize KIL to obtain my/our demographic details from Unique Identification Authority of India (UIDAI) on the basis of Aadhar No. provided by me/us in the above mentioned Proposal submitted by me/us on Digital Application of KIL and use the same for all purposes in connection with the said Proposal or the Policy issued pursuant thereto.

I/We agree to abide by the provisions of S. 47 of Insurance Act, 1938. I/We also agree that in case of mis-statement of facts based on intentional or suppression or non-disclosure of material fact by me/us, KIL reserves the right to cancel the Policy or declare the Policy as null and void in accordance with Section 47 of the Insurance Act, 1938.

For existing customers of Kotak Mahindra Bank (KMBL), in case of a mismatch between my/our details pre-filled from my Kotak Bank CRM and those available in Kotak Life, I/we give consent to Kotak Life to use the data provided from Kotak Bank CRM for the purpose of this policy as well as all existing Kotak Life Policies.

DECLARATION FOR PRODUCT TRUTHFULITY
I hereby confirm that I have gone through product suitability questionnaire. I also confirm that product selected by me for insurance is with complete understanding of all its features, benefits, premium and exclusions attached.


DECLARATION FOR ONLINE TRANSACTION RIGHTS
I have read the terms and conditions of registration on Kotak Life Insurance Website - <http://insurance.kotak.com> and accept them. I understand that I will have to register on <http://insurance.kotak.com> to receive my username and password. I agree that all transactions executed over the website <http://insurance.kotak.com> under my username and password will be binding on me. I understand that I get transaction rights for proposal number mentioned above provided my application is accepted by Kotak Life Insurance. I hereby authorize Kotak Life Insurance to make (all or some SUTs) to me in relation to my transactions or services pertaining to my proposal/policy, despite a contrary preference indicated by me under RAIR Regulations.

Declaration for MWP
I (proposer) shall have the right to appoint new trustees by revoking the appointment of the existing Trustee(s). Further, I agree that no loan can be granted against security of this Policy. However, the Trustee(s), with the consent of the Beneficiary/Guardian, can make a request for loan for the use/benefits of Beneficiary.

ORIGINALS KEPT AND VERIFIED
Photograph of my/our below mentioned original documents have been taken and uploaded on the Digital Application in my presence by the agent above named.

1. Proof of Identity: PAN - CAPP5306
2. Proof of permanent residence: ADHAR CARD-8888 8888 8888 8054
3. Proof of current residence: Self-declared
4. Proof of Income: Self-declared
5. Source of Income: Self-declared

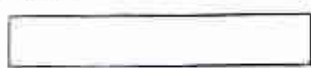
In FATCARS applicable to you:
☒ Yes, it is not applicable. I am a resident Indian.
☐ Yes, it is applicable. I confirm that I have provided all relevant details, and read and understood all terms and conditions in the KIL General Guidelines Application and I agree to it.


Signature of specified person & Seal of broker/agent / Signature of Life Advisor

Signature of specified person & Seal of broker/agent / Signature of Life Advisor

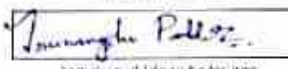
SCRIBE DETAILS - Declaration by the person filling in this Customer Declaration Form ("CDF") (Applicable only where the declaration is filled in by the scribe or signed in vernacular language)
I, ARUNANG-SHU PODDER have explained to the applicant, the contents of this CDF and the proposal form submitted through the Digital Application of KIL. I also confirm that the applicant has signed/affixed his/her right thumb impression in my presence.

Scribe's relationship with Applicant: None Mobile No: None
Address of Scribe: None



Signature of Scribe


Signature of Proposer


Date: 14/9/2020
Place: KOLKATA


Signature of Life to be Insured

Date: 12/9/2020
Place: KOLKATA


Signature of Beneficiary or Minor

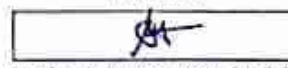
Date: None
Place: None


Signature of Trustee

Date: None
Place: None

60856344
Life Advisor ID

Date: 12/9/2020
Place: KOLKATA


Seen & verified the original AML & KYC documents
(To be signed by authorized KIL employee)

Date: 12/9/2020
Place: KOLKATA

60926698
KIL MFLife Agent Code

APPENDIX 1 DECLARATION BY THE LIFE TO BE INSURED, PROPOSER AND IN CASE OF MINOR, BY HIS/HER LEGAL GUARDIAN

I, the ARUNANSHU PDDOK request you to accept Proposal Reference Number 74598163 for KOTAK LIFE submitted by and on my Digital Application of Kotak Mahindra Life Insurance Company Ltd. During my meeting with you, I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

While submitting this Declaration, I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

I hereby confirm that I have read and understood the product features, benefits, fee factors, structure of charges, terms and conditions of the proposed plan as set forth in the related brochures. I have also acknowledged having read through the details of the plan for which this application is being submitted. I have also acknowledged having read through the details of the plan for which this application is being submitted.

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